FOR STATE

HEALTH DEPT

TO DEPUTY MEC AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ressay, please execute the c. Sate, writing the ward "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funero exclor. Page 4 should be fervioused to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 - MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04564

160	2				Reg. Dist.	. No.
1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (V		d lived. If institu	1-	
b. CITY OR TOWN (If outside corporate limits, write PURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		rate limits, write	Frede	
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	<u>larket</u>			e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print) Melvin	Middle L. Anderso	Lost	4. DATE OF DEATH	Apri	- 1	Day Year 1958
	RRIED NEVER MARRIED 8		9	AGE (In years lost birthday)	IF UNDER 1Y	EAR IF UNDER 24 HES.
Male Colored wipo	WED DIVORCED	May 1, 193	34	23 yrs	Months Do	zys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	6. KIND OF BUSINESS OR INDUST	Purdum.		intry)		N OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN				
Melvin Anderson	n	Anna Moo	ore			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, at unknown) (If yes, give war or dates of service)		es Anna And	ierson	, New A	larket	, Md.
18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 983 X DUE TO	Hemorrh	age d	ربد_	to		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the underlying DUE TO	cutting fem	oral ari	Ting			mentes
course fost.	left the	y to	-			
PART II, OTHER SIGNIFICANT CONDITIONS 20a. EXTERNAL CAUSE WAS PRIMARY TO or CONTRIBUTING COURSE OF DEATH.	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19, WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRED. (E	nter nature of injury in Par	1 f or Port II o	titem 18.)	un S c	enter
Hour 6 . m. 4-14 1958 W	Vhile Not while work of work of our work	E OF INJURY (Home, farm rry, street, office bldg., etc.	Read ?	istile of	(County	1) (State) Hel
21. I certify that I took charge of the opinion death resulted from: Natura	-			pection (3) , (
ACTUAL BUTTER	-0-1	M.D. CHIEF MEDICAL E	-			DATE SIGNED
EXAMINER'S NAME (Type)		ASSISTANT MEDICAL	10. a			
	22c. NAME OF CEMETERY OR	_		on (City, town, oum, oum, Mor		(Store) Oo. Md.
23. FUNERAL DIRECTOR'S STONATURE of Lever T	Damascus,	Md. Z40. REC	D BY REGISTRA	246. REGIS	THAT'S, SIGH	ATURE

DECENTED SES

Z .V UABRUA V. S.

00

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL OF

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4604 **CERTIFICATE OF DEATH** MARCE

			11	4	J	0	
Reg.	Dist.	No.				-	

1. PLACE OF DEATH q, COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
Frederick MARYLAND	Maryland Frederick
6. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) Myersville 28 40	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES IN NO DO
None	
3. NAME OF DECEASED (Type or print) Blanche Esta Baker	Lost 4. DATE Month Day Year OF DEATH ADDAY TO 1958
	8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWERS DIVORCED	Tune I5 1877 81 yrs. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS	
Housewife OWN HOMP	War. Wolfsville U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Shuff	Sarah Stottlemyer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. H	NFORMANT Address
(Yes, no. or unknown) (If yes, give wer or dates of service) None	Florence Raken Myersville. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	Herrical ONSET AND DEATH
183/X IMMEDIATE CAUSE (a) La Calledon	200-01
DUE TO	
Canditians, if any, which gove rise to immediate (b)	
cause (a), stating the under. DUE TO lying couse tast. (c)	Schristz.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I at Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED to the state of work of the state of work of	ACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State)
184 . 3	5 5 C C 1 1 1 1 CY
21. I certify that I attended the deceased from 1/11.	O., 195 X, to Company, 1958, that I last sow the decease
alive on, 19.2, and that death	
SCHOOL Hark	M.D. ADDRESS (Street, city or town, stote) DATE SIGNI M.D. ADDRESS (Street, city or town, stote) DATE SIGNI M.D. ADDRESS (Street, city or town, stote)
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 4/13/58 United Bre	thorn Myersville / - Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. RECATORY RECESTRATE 246 REGISTRAR'S SACHATURE
Jaul J. Dettle Myersne	ele M. DATE

BALLOSIA

BUREAU V. S.

VBB TE 1828.

PI

Poges 1

Then please remove carbon papers. event within 72 hours after death

permit.

the registrar prior to buriol, cremotion, ar remayal, and in any detached for use as the burial-transit hospital or ottending physician

death. Page

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft After this certificate has been signed by the attending physician and completely filled in

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	U	4	5	6	6
m* 4					

		401	2 CERTIFIC	ATE OF DEATI	H		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY	Frederick		MARYLAND	2. USUAL RESIDENCE (W. a. STATE Maryla	here deceased	b. COUNTY			re odmissi	onj
RURAL and give	(If autside corporate limi nearest town) ederick	ts, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If			JRAL and	*	rest tawn	1 /
OR INSTITUTION	rick Mem.			d. STREET ADDRESS						PARM?
3. NAME OF DECEASED (Type or print)	Fir HOWAF		Middle C a	BIDINGER	4. DATE OF DEATH	APR]		28 28	,	rear 19 58
s. sex male	white	7. MARR	RIED NEVER MARRIED DIVORCED	6-4-1895		9. AGE (In years last birthday) 02 yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS, Min.
10g. USUAL OCCUPAT during most of wo Truck	ION (Give kind of work or orking life, even if retired driver		KIND OF BUSINESS OR INDU	Marylar	1d	iuntry)	12. CI1		S.	COUNTRY?
13. FATHER'S NAME	Augustus	R. I	Bidinger	Henriet		Ritter				
15. WAS DECEASED EV (Yes. no. or unknown) 110	/ER IN U. S. ARMED FOR	andral .	SOCIAL SECURITY NO. 17.	Mrs. Ethel	J. Bi	ldinger,		ame		
PART f. DE	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	ine for (a), (b), and (c).]	hemorphage	0				ERVAL BE	
Conditions, if	any, which) (b	1/4	hypetens	e condin	ren	la des	ine	1	'y	- 7
Codese (o), storing lying couse lost PART II. O	. fc)	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 1	9. WAS A	
2	VAS UNDERLYING	206. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part 1 or Part	II of item 18.)			YES 🔲	NOD

MEDICAL

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED o. m. Nat while at wark of work

22b. DATE/THEREOF

20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) 20f. (City or town) (County) (State)

Maryland

21. I certify that I attended the deceased from that I last saw the deceased and that death accurred at AM, from the causes and an the date stated above.

ACTUAL PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) (State)

Co.,

220. BURIAL, CREMATION, REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz.

ADDRESS Winfield, Md.

Morgan Chapel

24a. REC'D BY REGISTRAR DATE

Carrol

24b., REGISTRAR'S SIGNATURE

page 3 should be TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 9/55

CALL DE Control of the contro THE PERSON NAMED AS A STREET OF THE PARTY OF CONTRACTOR OF THE PARTY OF THE

may be retained. The hospital or attending physician. TO FUNERAL DIRACOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fitted with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR

VS A15 (4) 15M 9/55 69

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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	11
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4573 CERTIFICATE OF DEATH

M

04567

		IUIU							Keg. Dis	II. NO.		
1. PLACE OF DEATH					USUAL RESIDENCE	(Where	deceased li	ved. If institu		ce before	odmissio	n)
	ederick		MARYLAN	4D	Md			D. COUNT		reder	rick	
b. CITY OR TOWN (I RURAL and give no Frederick		, write c. LEN	2 Wks.	1ь	Frederic		de corporat	e limits, write	RURAL ond g	give neare	st lown)	
OR INSTITUTION.	AL (If not in hospital, gir ck Memorial		_	1	d. STREET ADDRES		aints	Street	,	1	IS RESID	ARM?
3. NAME OF DECEASED	First		Middle		Last	4.	DATE OF DEATH	Mo	onth	Day	Ye	or La
(Type or print)	Roy		ory	Boy				Apr				58
5. SEX Male		7. MARRIED 🖪	NEVER MARRIED [une 9- 1	898	9.	AGE (In years lost birthdoy) 59 yrs			Hours	24 HRS. Min.
100. USUAL OCCUPATION during most of work Baker	ON (Give kind of work do king life, even if retired)	one 10b. KIND (DF BUSINESS OR IN	NDUSTRY	Bartens	State or fo	oreign coun	d. Co.		IZEN OF	WHAT	OUNTRY
3. FATHER'S NAME		-		14	. MOTHER'S MAID	EN NAM	ε - 3				·	
Emery C. F	lowi o				Mary Elle	on Th	DOMAG					
IS. WAS DECEASEDEVE	R IN U. S. ARMED FORCE		SECURITY NO. I	7. INFO		err Tr	TORRES	Ad	dress			
(Yes, no, or unknown)	(If yes, give wor or dates of ser	217-1	0-9332	Mar	garet Di	ggs -	- 16	2 W. A1	1 Sair	jts		
Conditions, if a gove rise to i cosse (a), storing lying cause lost.	mmediate Dus 70	ITIONS CONTRI	BUTING TO DEATH	BUTNOT	RELATED TO THE T	ERMINAL	DISEASE C	ONDITION G	IVEN IN PART	7 1(o) 19.	WAS AL	JTOPSY
PART II. OTH											PERFOR	
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OCCU	JRRED. (E	nter noture of injur	y in Port	I or Part II	of item 18.)				
ZOc. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 19	While N	OCCURRED 20e of while work	factory.	OF INJURY (Home, street, office bleg.	farm, 2 , etc.}	20f. (City or	town)	(0	County)		(State)
21. I certify the alive on	at I attended the	deceased from 1958,			, 19.57, to. curred at 9:1	2AN	A, from t		and on th		stated	
PHYSICIAN'S NAME (Type)	RexR		RTIN				ede			M	×	
220. BURIAL, CREMATIC REMOVAL (Specify)			NAME OF CEMETER		EMATORY	22d		N (City, town,			(Stote)	100
Burial	14-14-58		artonsvi	Це	1		Fred	erick,		- 1		- 5-
23. FUNERAL DIRECTOR			ok. Md.		240.	REC'D BY	REGISTRA	R 24b REG	ISTRAR'S SIG	NATUR		
CHINAMINE H.	MICKS	P TENETT	III.K . III.G .			241	1		A I I WALL			

MEAN CHETHCATE OF DEATH

regularization II to a set to facultation for the following the following the following the following the facultation of the fa

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8361 31 A9A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4574 **CERTIFICATE OF DEATH**

Pen Dist No

04568

										Kağ. D	131. 140	•	
	PLACE OF DEATH			MARYL		o. STATE	_		d lived. If instituti	-			
		Frederick					Maryla					eric	
	b. CITY OR TOWN (RURAL and give n Frederi		s, write	Months	N IP	c. CITY OR 1	Frede		rote limits, write R	URAL ond	give ne	arest tow	n]
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ve street		1	d. STREET A	DDRESS					ON /	SIDENCE A FARM?
-		rk Avenue				353	Z rark	Aven	iue			IE2 [MOXING [
	NAME OF DECEASED (Type or print)	Fig. LAU.		Middle SHEELI	ER	BRAND	ENBURG	4. DATE OF DEATH	Apr		28.	*	Yeor 1958
5. 5	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. 0	ATE OF BIRTI	Н		9. AGE (In years			IF UND	ER 24 HRS.
	Female	White	WIDOW	_		une 17	. 1875	3	82 yrs.	Months	Days	Hours	Min.
10a	USUAL OCCUPATION	ON IGive kind of work of	lane 10b.	KIND OF BUSINESS OR							ITIZEN C	DE WHAT	COUNTRY?
	Dome	king life, even if retired)		At Home			Ма	rylan			1	USA	
13.	FATHER'S NAME				1	4. MOTHER'S							
	Con	rad Shuler				M:	ary El	izebe	th Walke	r			
15. 17e	WAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT			2206 30	th St	ree	t,	
	No	No		None	Mrs	. Heler	n B. L	ashle	e, Washi	ngtor	1 20	, D.	3.
		immediate (Con	re for (e). (b). and (c).)	abosis	3					ON	ERVAL BI	DEATH DEATH
CERTIFICATION	lying couse lost. PART II. OT	HER SIGNIFICANT CON		CONTRIBUTING TO DEAT						VEN IN PA	RT 1(o)	PERFO	DRMED?
	LOR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED. (E	inler nolvre a	it injury in Pi	ort I ar Par	f II of (lem IB.)				
MEDICAL	20c. TIME OF INJUI Haur o. m. p. m.	RY Month, Doy, Yeo	White of war	_ Not while_		OF INJURY (, street, affici			or town)		(County)		(State)
		hat I attended the pr. 2811	decea:	ed from Apr. 2			4:10F	M, fran	n the causes of treet, city or town,	and on		ite stat	
	PHYSICIAN'S NAME (Type)	Dr. H. 6 S	lush	er		Fred	erick,	Mary	rland				
220	BURIAL, CREMATIC	May 1, 1		Bush Creel					non (City, town, rederick			(Sto	
	FUNERAL DIRECTOR M. R. Etc		, Fr	ADDRESS ederick, Man	rylan	d		AY REGIST	158 246. REGI	STRAB'S S	Suc	RE	
-													

TO FUNERAL DIF

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

, danced the life is a second SHEARING TO SERVER TO Name of the Court of the Court

the state of the land of the state of the st

St. Peters Cemetery

ADDRESS-

Baltimore

24b. REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR

Md.

REMOVAL (Specify)

.1958



FOR STATE HEALTH DEPT.

ssory, please for. Page your files,

TO DEPUTY MEDITAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessare execute the central state of the word "pending" in pending the limit 18. Give Pages 1, 2, and 3 to the fuseral state of the chief Medical Examiner's Office along with form PM3. Page 5 may be retained by the FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board at its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Pag Diet No.

04570

					TOTAL TOTAL	
PLACE OF DEATH	4	6716	2. USUAL RESIDENCE	(Where deceased lived. I	f institution: Residence	before admission)
a COUNTY	Frederick	MARYLAND	o STATE Mary	rland b. C	Frede	rick
	Fourside corporate imits, write	RURAL C. LENGTH OF STAY IN 16		(If autside corporate limits		
and give necres) lawn	-Frederick	several vrs.	Proce	land als		
		not in hospital, give street address)	d STREET ADDRESS	lerick		Te. IS RES DENICE
01.11/4112 01.11/03/11	AL OIL HOMOHOLE (I	nor in norther, give meet boures;	/		0.1	ON A FARM?
				East South	56.	YES NO
NAME OF DECEASED	First	Middle	tapl	4. DATE OF	Month De	ny Yeor
(Type or print)	Roger	Jonathan Brig	ghtwell	DEATH		th 1958
SEX	6. COLOR OR RACE	7. MERITORIS NEVER MARRIED 0	DATE OF BIRTH	9. AGE (In lost birthde	and the second	
Male	White	WANTE CHANNER WAS A STREET	March 29-19)10 H	B yrs. Months Days	riguis min.
e. USUAL OCCUPATION	ON (Give kind of wark d	one 106 KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te or foreign country)	12 CITIZEN	OF WHAT COUNTRY
Carpenter	*		Maryland		II.S	.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN			,
Jonath	nan C. Brigh	twell		May Kemp Bri	chtama 7.7	
	ER IN U. S. ARMED FOR	de marie de la companya del companya de la companya del companya de la companya d	REPORMANT		rgitonetT	
es, no, er unknown)	(If yet, give wer at dates of t	ervice)				Md.
Yes	MW TT	217-10-0770	cs. Kohlman	Miller-700 E	s. South St	-Frederic
18 CAUSE OF DEA	TH [Enter only one cour	e per line for (a), (b), and (c).	A- /i	1	10-	NERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Maria and	2/200	alma so		1/2 /
, , , a	IMMEDIATE CAUSE (a)	- Committee of	INVIII.			the plant of the
4.2	DUE TO					
Canditions, if a						
(a), stating the						
cause lost.) (c)_	- Josephine Majorie Start to Aggress 10 00		The second second		
PART II. OTI	HER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TER	MINALDISEASE CONDITION	ON GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
						YES NO
PART II. OTI	USE WAS 200	DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in P	art I or Part 11 of item 18.	}	
20g. EXTERNAL CAPRIMARY TO GE CO	MIXIBUIING [7]					
20c. TIME OF INJU Hour o, m,	IRY Month, Day, Year	20d, INJURY OCCURRED 120e. PLAN	CE OF INJURY (Home, fo	em, i 20f. (City or town)	(County)	(State)
Hour o. m.	. , ,	While Not while factor	ory, street, office bldg., e		(200111))	(0.010)
p. m.	19	of work of work				
21. 1 certify ti	hat I took charge	of the remains described abo	ve, held an Autor	osy 🔲, Inspection	n 🔯, Inquiry [🔏, ond in my
opinion death	resulted from: N	atural causes . Accident	, Suicide .	Homicide , U	ndetermined mon	ner 🗍
1		e-free.				
ACTUAL	SPOL	20	CHIEF MEDICAL	EXAMINER [7]		DATE SIGNED
SIGNATURE			, M.D.	ICAL EXAMINER		
EXAMINER'S					April	8_1058
NAME (Type)			DEPUTY MEDICA			0-1770
20. BURIAL CREMATIC REMOVAL (Specify	DN. 226. DATE THEREON	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City,	town, or county)	(State)
Burial	4-9-1958	Mt. Olivet Cer	etery	Frederic	k Maryl	and
FUNERAL D RECTO	R'S SIGNATURE VI.	ADORESS	240 RE	C'D BY REGISTRAR 246	REGISTRAR'S SIGNAT	
C. E.CO	no 9-8	W Frederick-Maryl	and DATE	APR 9 '58	() redu	e h
		,	1 1/7/10	201 (1 L) UU	The state of the s	



LIBERU V. S.

VS A15 (4) 15M 9/55

9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4575

CERTIFICATE OF DEATH

04571

-1					Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	Residence before admission)
		c. LENGTH OF STAY IN 15	e. CITY OR TOWN (IF ou	utside corporate limits, write RU	RAL and give nearest town)
1	Frederick	2 months	X Tural	middlet	acon
	d NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION).	ddrens) Lo-mi-	d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES (1) NO (2)
	3. NAME OF DECEASED (Type or print)	Middle C.	Brown	4. DATE Mont	Day Year 4 19 5 2
	5. SEX 6 COLOR OR RACE 7. MARRIE WIDOWED	ED NEVER MARRIED DO DIVORCED	8. DATE OF BIRTH 2-2-1882	9. AGE (In years lost birthdoy)	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
	100 USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
.	13. FATHER'S NAME	74,-77,0	14 MOTHER'S MAIDEN NA	AME	
1	Charles Crone		mary 1	Biser	
	(If yes, give wor or dutes of service)	OCIAL SECURITY NO. 17. 1	ichard E.B	rown Fred	erick RFO2 M
	18. CAUSE OF DEATH [Enter only one cause post-ine PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to).	for (a), (b), and (c)]	Ceclina	26%	INTERVAL BETWEEN ONSET AND DEATH
	420.1 DUE TO				1601/3
	Gonditions, if ony, which gove rise to immediate DUE TO	7 /			
	couse (o), stoting the under- lying couse lost.	(746260-)	Clerosis.		
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO NO
- 1		RIBE HOW INJURY OCCURRE	D (Enter nature of injury in Po	ort I or Part II of item 18.)	
	Hour a.m. While	JURY OCCURRED 20e. PL Not white fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Slote)
	21. I certify that I attended the decease	d from	1957, to a	Fry 6 1958	,that I last saw the deceased
	alive an 5 5 , 19 5	$\mathcal{B}_{-,-}$, and that death		M, fram the causes as	nd an the date stated above.
	ACTUAL & Eliz	wei Harp	M.D.	IDDRESS (Street, city or town, s	DATE SIGNED DATE SIGNED
	PHYSICIAN'S NAME (Type)	mer h	^I ARP		
	220. BURIAL, CREMATION, 72b. DATE THEREOF REMOVAL (Specify) 4-8-1958	22c. NAME OF CEMETERY O	Cenetary	22d LOCATION (City, town, or Friderick	1 200 1
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS, //	240. REC'D	BY REGISTRAR 245. REGIST	TRAR'S SIGNATURE
	Gradull Co., Ph	realiteen	n MI DATE AL	nn 0 '50 0	1 10000

SEL G FIG.

			457	6 CERT	IFIC/	ATE OF D	EATH	 		Reg. Dist. I	No.	
Ī	. PLACE OF DEATH o. COUNTY F	rederick		MAR	YLAND	A CTATE	ence (who		lived. If institution b. COUNTY	r: Residence b		ision)
	b. CITY OR TOWN (III RURAL and give no	f outside corporate fim carest town) CICK	ils, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autide carporate limits, write RURAL and give nearest town) ** Frederick						m)
	d. NAME OF HOSPIT OR INSTITUTION 2110 South	AL (If not in hospital, S	give street a	ddress)		Old County Common 33 Charact						SIDENCE A FARMS NO4
1	3. NAME OF DECEASED (Type or print)	Fi J ()	rst HN	Middle ALB		CAS'		4. DATE OF DEATH	Moni Āp		Day	Yeor 19 58
4	s. sex Male	6. COLOR OR RACE	7. MARRIE		;	B. DATE OF BIRTH February			P. AGE (In years lest birthday) O yrs.	Months Do		DER 24 HRS. Min.
1	00 USUAL OCCUPATION during most of work Mainten	ing life, even if retired	dane 10b. K	ind of Business of Theatre	OR INDU		ACE (Stote o		intry)	12 CITIZER	USA.	T COUNTRY?
ī	3. FATHER'S NAME Abrai	n P. Castl	•			14. MOTHER'S			a DeGran	ge		
Ĩ	S. WAS DECEASED EVER	R IN U. S. ARMED FOI If yes, give wor or dates of IVO	(enione	OCIAL SECURITY NO 5-26-2212		rs, Anna	M. Ca	stle-	Adda Same as			
	Canditions, if an gave rise to it couse (a), stating lying cause last.	nmediate DUE TO	, Se	ron cus veralij	ed d	Deric	lity	<i>,</i>			4 yes	er o-
	200, ACCIDENT WA	S UNDERLYING D		PHERIPATING TO DE						EN IN PART 1(c	PERF	AUTOPSY DRMED?
	20c. TIME OF INJUR' Haur a. p. m.	MEDICAL EXAMINER)	While	SURY OCCURRED Not while		ACE OF INJURY (Harry, street, office		20f. (City e	or tawn)	(Coun	ty)	(State)
	21. I certify the alive an ACTUAL SIGNATURE	at I attended the	125]	and that		accurred at	2:00A A ssiona	DORESS (Sin	the causes a set, city or town, s		date stat	
2	name (Type) Di 20. Burial, Cremation REMOVAL (Specify) Burial	r. Jame s : Apr. 19	OF	22c. NAME OF CEM Mount, 01		R CREMATORY			ON (City, town, o		(Sto Maryl	
2	3. FUNERAL DIRECTOR"			ADDRESS			24a. REC'D	BY REGISTRA	AR 24b. REGIS	TRAR'S SIGNA		

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove corbon/pagets. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs offer feath.

BAREVA A' E

DE AMBERG

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4607 **CERTIFICATE OF DEATH** 04573

Reg. Dist. No.

			
	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence be o. STATE b. COUNTY #4	fore admission)
	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b JURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give in	earest town)
	Mural Middletown 5 yrs.	X. Rural Middletown	
2	d NAME OF HÖSPITAL (If not in hospital, give street address) OR INSTITUTION	/ d. STREET ADDRESS	8. IS RESIDENCE ON A FARM? YES NO S
	3. NAME OF DECEASED (Type or print) Exercise R Middle	OF .	Doy Year 1958
	A A SA	E - 1/ - 1 - 1 - 1 lost birthdoy) Months Days	AR IF UNDER 24 HRS. Hours Min.
-}	male white WIDOWED DIVORCED DIVORDED DIVORCED DIVORCED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DI	(2)	OF WHAT COUNTRY?
1	during most of working life, even if retired) Carbenter Drugete	md.	0
ŀ	3, FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John T. Cline	anna Denillers	
Ì	5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IT	NFORMANT Address	1. /
	yes WW. I 220-09-7665 E	vin T. Clines middletown,	md.
	B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		TERVAL BETWEEN
	IMMEDIATE CAUSE (0)	Ceccusian	3 miles
	Conditions if any which	Schonasic	1-411-
	gove rise to immediate case (a), stating the under		e gra
	lying couse lost. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19, WAS AUTOPSY PERFORMED?
	3 Granchet Asel	init	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II af item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED For Hour o. m. While Not white of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (Count ctary, street, office bldg., etc.)	y) (State)
	p. m. 19 of work at wark		
		19	
ı	alive on, 19, and that death	occurred at 4.30 A.M. from the causes and on the d	
	ACTUAL A 1-2	ADDRESS (Street, city or lown, state)	DATE SIGNED
	SIGNATURE	M.D.	
4	PHYSICIAN'S Dr. A. T. Brice		
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
	Serial 4/13/1958 Kutheran	Cimetery Meddletown	. mel.
	23. FUNERAL DIRECTOR'S SIGNATURE	240 REGISTRAR 240 REGISTRAR'S SIGNAR DATE APR 1 5 '50	BRE
	Madrelle, Madrian, 11	DATE TO LOUIS	h.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained he haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by mercal director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution) feridence before admission) a. STATIMELY FIRM b. COUNTY FIRMORY CK a. COUNTY FREDERICK MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town] Maryland d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? CSPITAL YES NO THE west potomac street NAME OF First Middle 4. DATE Lost Day Year DECEASED (Type or print) 8 DEATH 195 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGÉ (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Female White DIVORCED [WIDOWED M yes 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. House wife Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Russell Tritipoe Fannie Main 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Νo Clipp.Brunswick.Maryland Mr.Cecil 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO catse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. PERFORMED? YES M NO 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part 11 of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year (County) factory, street, office bldg., etc.) Hour B. m While Nat while at work al wark p. m 21. I certify that battended the deceased from A that I last saw the deceased alive on and that death accurred of

(Stote)

Min

M, from the couses and on the date stated above. DATE SIGNED

ACTUAL SIGNATURE

REMOVAL (Specify)

PHYSICIAN'S NAME (Type) 226. DATE THEREOF 220 BURIAL, CREMATION.

22c. NAME OF CEMETERY OR CREMATORY Brathers

22d. LOCATION (City, tawn, or county)

(Stole) Brownsville. Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Brunswick, Maryland

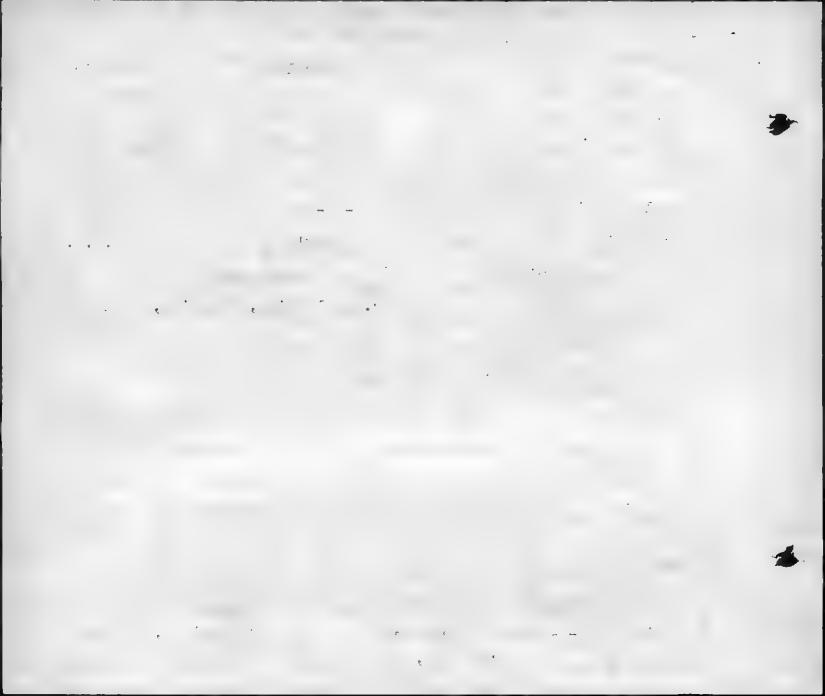
24a, REC'D BY REGISTRAR DATE

246 REGISTRAR'S SIGNATORE

VS A15 (4) 15M 9/55

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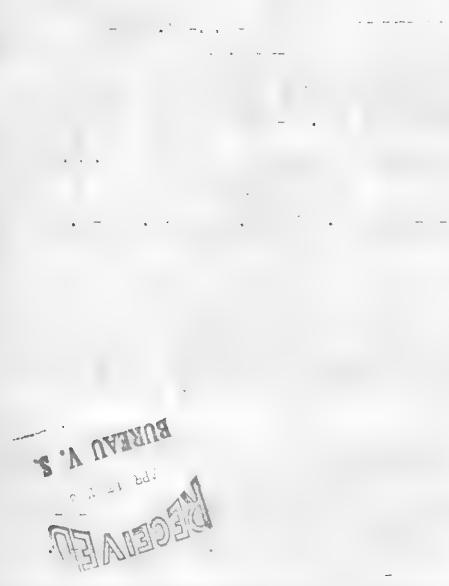


secusiony please other files.

TO DEPUTY MEDICAL EXAMINER: This certificate should in intermited within 24 hours of indecit. If any delay is ne execute the cell of the writing the ward "pending" in pendit in them. 18. Give Pages 1, 2, and 3 to the funeral valued be factored to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transity permit. File pages 1 and 2 with the State Bod as its designated agent, prior to buried, cremation, at removal, and in any event within 27 flows after death I

VS, A15ME 5M 2/57

	WED	CAL EXAMINER	CERTIFICA	AIE OF DE	Reg.	Dist. No.
1. PLACE OF DEATH	46	78	2. USUAL RESIDENCE	(Where deceosed live	ed, If institution, Re-	sidence before admission)
a. COUNTY	rederick	MARYLAND	o STATE Mar	yland	b. COUNTY F	rederick
b CITY OR TOWN (I	l cufaide corporate limits, write EUR	AL C. LENGTH OF STAY IN 16	c. CITY OF TOWN	(If outside corporate	Lmits, write RURAL	and give negrest town)
	oute 1hh		× Rur	al- P.O	Mt. Airv-	
d. NAME OF HOSPIT	AL OR INSTITUTION (IF no	t in hospito!, give street address)	d. STREET ADDRES			e. ts residence ON A FARM? YES NO
3, NAME OF	First	Middle	Lost	4 DATE OF	Month	Day Year
(Type or print)	Shirley	Colman	Collins	DEATH	April	11th 19 58
5. SEX	6. COLOR OF RACE 7.	MARRIED X NEXT NAME B	DATE OF BIRTH		bertlydey)	ER TYEAP IF UNDER 24 HRS
Male	White w	医安安氏性 计图片设计 计图片设计	Nov. 16-19:	1.3	Mouth	Days Hours Min.
100. USUAL OCCUPATION during most of working	ON (Give kind of work done ng life, even if retired)	106 KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (SI	ote or foreign country	12 (CITIZEN OF WHAT COUNTRY
	tion Worker	Bridge work	Virgin	ia	1	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
Tivis (Collins		Dolly	Livesay		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES		NFORMANT		Address	
No		227-36-6364 M	rs. Shirley	C. Collin	s-lit. Air	y-14d.
18. CAUSE OF DEA	TH (Enter only one cause p	er line for (o), (b), and (c).]	1		_	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Broken 72	eck -			
8/2	X DUE TO	12 mobiush &	notine.	al 2001	18- Lel	
Conditions, if a	iny, which) (b)	Firm Links	- inin	45		
gave rise to imme	diale cause	Windhame.	- Smarker	Well France	Leine	
(a), stating the	(c)	Heft hay				
PART II. OTI		DNY CONTRABUTING TO DEATH BUT N				ART 1(o) 19. WAS AUTOPSY PERFORMED?
20g EXTERNAL CA PRIMARY G of CO CAUSE OF DEATH.	NEKIBUTING LI C & a	ruck by hit & ru	n driver	Port for Port It of the drammed a		eet
3 20c. TIME OF INJU	RY Month, Day, Year	20d INJURY OCCURRED. 70e. PLA	CE OF INJURY (Home, I	orm. 20f (City or to	wn) (i	County) (State)
Hour 10.00.	4-11 1958	While Not while Rte	ory, (Iree), affice bldg . 144 mile E	art of Ne	wMarket	Frederick Md
		the remains described abo			ction 🗷 Ingi	uiry F. and in my
opinian death	resulted from: Nat	ural causes []. Accident	🗓, Suicide 🔲,	Homicide [],		, ,
ACTUAL	2120-		CHIEF MEDICAL	EXAMINER T		DATE SIGNED
SIGNATURE	SHITHOVE.		M.D.	DICAL EXAMINER		
EXAMINER'S NAME (Type)	B.O. Thomas			AL EXAMINER 17		1:-12-1958
220. BURIAL, CREMATIC	N. 226 DATE THEREOF	22c NAME OF CEMETERY OR			(City, town, or county	
REMOVAL (Specily	1-15-10KR	Sharon Baptis	t Cemeter	Nr. We		ship-Md.
23. FUNERAL DIRECTO	S SIGNATURE W		240 R	EC'D BY REGISTRAR	PEGISTRAR S	المستحدث المستحدث
C.E.CCe	ne & Son	Frederick-Mary	Land. DATE	APP 1 5 158	Whea	nich



YES NO Z

(State)

(County)

46	19	CERTIF	ICA	TE OF DEATH			Reg. Die		_) 4 6
PLACE OF DEATH COUNTY Frederick		MARYLA	- 11	2. USUAL RESIDENCE (Who o. STATE	ara deceose	d lived. If institution b. COUNTY	Fred		_	sion)
b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest lown) " Knoxville	Ъ	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) X Knoxville								
d NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION		/ d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? YES NOTE:						FARM?		
3. NAME OF First DECEASED (Type or print) COTA		Middle M.		Lost Cooper	4. DATE OF DEATH	4 ^{Mon}		2		Yeor 19 58
On The Indian	MARRIED	NEVER MARRIED DIVORCED	_	DATE OF BIRTH 12/20/1879		9. AGE (In years lost burthday) 78 yrs	Months	Days	Hours	Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife e	NDUST	STRY 11 BIRTHPLACE (Stole or foreign country) Ifaryland U.S.					COUNTRY?			
13. FATHER'S NAME Martin M c Bride				Elizabeth		herman				
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) [If yes, gave wer or dates of vervice	1			formant nnis R. Coo	per,	Knoxvi.		Md		
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) UE TO Conditions, if ony, which }	per line fo	or (o), (b) and (c).)	y						RVAL BE	TWEEN LINE
gove rise to immediate (couse (o), stating the under-					1					

lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? CERTIFICATION

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)

20c. TIME OF INJURY

Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or town) Hour o.m. Not while of work of work

Sthat I last saw the deceased 21. I certify that/I attended the deceased from alive an that death accurred A.M. from the causes and an the date stated above.

ACTUAL SIGNATURE

Carpent NAME (Type) BURIAL, CREMATION, 276. DATE THEREOF REMOVAL (Specify) DUPIAL 4/5/195 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) 5/7958 Knoxville Cemeterv

FUNERAL DIRECTOR'S SIGNATURE ADDRESS REGISTRAPS SIGNATURE 24o. REC'D BY REGISTRAR 24b Gladhill Company. Middletown.

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CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a COUNTY O STATE 6 COUNTY MADYLAND Frederick Maryland Frederick b CITY OF TOWN III outside corporate limits, write " TENGTH OF STAY IN Th c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negres) town) RURAL and give negrest town) Frederick vears Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 126 South Market Street South Market Street YES TO NO MAAR OF Middle Last Day Year DECEASED Blanche April7 58 Louise Eader 21 (Type or print) DEATH 19 6. COLOR OR RACE 7. MANUSCRIPTION NAMES IN MICHIGAN 5 SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Dovs Min Female White WIDOWED May 6-1873 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) during mast of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? U.S.A. Housewife Own Home England 13 FATHER'S NAME IA MOTHER'S MAIDEN NAME William Goodman Louise Pratt Goodman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Frederick-Md. No Mrs. Bernard A. Crutchlev-126 S. Mct. St. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which (b) gave rise to immediate DUE TO caese (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) a. m. While Not while 19 of work at wark p. m, 21. I certify that I attended the deceased from 1958 that I last saw the deceased and that death occurred at 7:15Pe.M. from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Professional Bldg PHYSICIÁN'S Dr. James B. Thomas Frederick-Maryland NAME (Type) 220. BURIAL, CREMATION, | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify) Mt. Olivet Cemetery Frederick→ Warvland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Frederick-Maryland DATE.

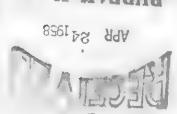
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1		ACE OF DEATH COUNTY	derick		м	ARYLAND	2. USUAL RES		ere decesses	d lived. If inst b. COU
	ь	RURAL and give nee		ls, wrife	c. LENGTH OF S	TAY IN 15	c. CITY OF		The state of the s	rate limits, wri Le=Rura
ŀ	d	Prederic	AL (If not in haspital, g	ive street	pddress)		d STREET		PRATT	Te⇒iinī.a
			k Memorial							01
13	l. h	IAME OF	Fic	şt	Mil	ddle	L	osi	4. DATE OF	
	(i	ype or print)	ROBE	RT	SYL	VESTE	? ENG	LISH	DEATH	Ar
4.0	5. SI		6. COLOR OR RACE	1	TED NEVER MA	RCED TO	B. DATE OF BIR			P. AGE (In ye
,		ale	White	WIDOW	~		May 14	10"		71
ľ	vu.	during most of working Farm O	N (Give kind of work on the life, even if retired WICT	100.	Farmi	ng	11. 0KI7	Virgin	nia	DOMENT
ì	3. I	ATHER'S NAME				<u> </u>	14. MOTHER	S MAIDEN N	IAME	
			thur Engli					Cath	drine	Smith
	(Yes.		IN U. S ARMED FOR yes, give wor or dolor of to NO	feather	30-26-88		nformant rs. Wilm	er Fry	re, Lo	vettsvi
	TION	Conditions, if or gave rise to in cause (a), storing t lying couse lost. PART II. OTH	mediate (añ	terion	line DEATH BUT	T NOT RELATED T	ent o the Termi	Chrys NAL DISEAS	E CONDITION
	L CERTIFICA	(IF EITHER, NOTIFY I 20c. TIME OF INJURY Haur a.m.	CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY NJURY OCCURRED Not while	20er Pl	ED. (Enter nature	(Home, form	, 20f. (City	
	4	actual	Lenny V	deceas	ed from 3	/24/ hat death		3:A.	address (Sch Str	
lies 1	220.	BURIAL, CREMATION REMOVAL (Specify) BURIAL	Apr. 30,			Cemetery C				TION (City, to
4		R. Etch	isignature ison & Son	, Fr	ADDRESS ederick,	Mary.	land		D BY REGIST	7

Reg. Dist. No litutions Residence before admission) Loudoun ite RURAL and give nearest town) 11-R.D.#1 e. IS RESIDENCE ON A FARM? YESUM NO Month Day oril 19 IF UNDER 1 YEAR IF UNDER 24 HRS ors oy) Months Days yes 12. CITIZEN OF WHAT COUNTRY? USA Address llle R.F.D.#2, Va. INTERVAL BETWEEN ONSET AND DEATH GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO XXX (County) (Stote) That I last saw the deceased es and an the date stated above. DATE SIGNED rwn, state) vn, or county) (Stote) lle, Virginia EGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH



BUREAU K. E.

to TAD 9 E. Church St.

20. NAME OF CEMETERY OF CREMATORY
Mount Olivet Cemetery

ADDRESS

Frederick, Md.

24a, REC'D BY REGISTRAR

DATE (PR 2 1 '58

and that death accurred at 9:30A M, from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

22d LOCATION (City, town, or county)
Frederick, Maryland

24b REGISTRAR'S SIGNATURE

DATE SIGNED

4-18-58

(Stole)

director .5 on papers. ond physicion þ **burial-transit** certificate TOR: S should b ፟፟፟፟፟፟፟፟፟ hay be retail FUNERAL 0

0

April

H. J. Strisher, M. D.

M. R. Etchison & Son, Frederick, Maryland

22b DATE THEREOF

4-21-58

alive on

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

220 BURIAL, CREMATION,

REMOVAT (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

requires that the death certificate be

Q



BUREAU V. S.

- 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		4581 CERTIFICATE OF DEATH Reg. Dist. No. 4580
director ed with	J	PLACE OF DEATH a. COUNTY PLACE OF DEATH a. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY B. COUNT
acam. uneral		b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) RURAL and give nearest town)
2 Shou	4	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION - RECOGNICAL Memorial Hospital ON A FARM2 YES NO DE
24 naur lled in b is 1 and		NAME OF DECEASED (Type or print) Margaret A Everly DEATH April 25 1958
completely fille sapers. Poges oth.		SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTY 9. AGE (In fears lost birthday) Hours Min.
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) WHAT COUNTRY MARYIA MA 12. CITIZEN OF WHAT COUNTRY MOUSEWARD 17. CITIZEN OF WHAT COUNTRY
, 5 S		FATHER'S NAME OTIS LAYMAN 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
oemincore in physicion remove car 72 hours aff		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If year gave wor or dotes of service) NONE Address NONE
attending n please r within 72		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carbral Henrowhale IMMEDIATE CAUSE (o)
by the	1)	Conditions, if ony, which) as by the terrining Conditions of Arease 2 your
n. signed it perm id in ag		gave rise to immediate course (a), stating the <u>under-lying course lost.</u> DUE TO (c)
physicia as been al-trans	n	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO.45} \)
ending ficate h ficate h for rem		200. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
of or off his certi use as		20c. TIME OF INJURY Month, Doy, Year North, Hour e.m. p. m. 19 20d. INJURY OCCURRED While Not while at work of work
hospite After 1 thed for		21. I certify that I attended the deceased from 4 25, to 4 25, to 4 25, that I last saw the deceased alive on 4 25, and that death accurred at 8 30 PM, from the causes and on the date stated above
or to by		ACTUAL SIGNATURE HEAVY V Chase M.D. 4 F. Church ST. 4/21/3
stilat Ci se retoine ERAL DIS 3 shauld I	1	PHYSICIAN'S Henry 1/2 Chase Frederich Maryland
S S S S S S S S S S S S S S S S S S S		SPURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CHEMETERY OF CHEMETE
VS A15 (4) 15M 9/56	*	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE APR 2 9 '58 CU- Leavel



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4532 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed If institution, Residence before admission) o. COUNTY o. STATE b. COUNTY filed MARYLAND 13 ō b. CITY OR TOWN (if outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) hauld 210 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? dovi YES INO NAME OF Middle 4. DATE Lost Month Day Yeor DECEASED OF DEATH (Type or print) 0 19 5. SEX 6 COLOR OR RACE 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months Doys Hours Min WIDOWED [DIVORCED [papers. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ö F . 1 M ove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Emmitsburg, R.D.#1, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** cular Disease Conditions, if ony, which ! gove rise to immediate DUE TO cosse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTOPSY RELATED TO THE TERMINAL DISEASE PERFORMED? burial∙tr YES 🗍 NO 🗗 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.1 Hour o. m. While Not while ot work 🔲 of work p. m. 195 that I last saw the deceased 21. I certify that I attended the deceased fram. alive on and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prig DIR P shoul PHYSICIAN'S FUNERAL NAME (Type) m the regi 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) 1958 Frlends Creek Cemetery Emmitsburg, Md. O 23. FUNERAL-DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DARK! som Emmitsburg. Md. ISM 9/55 Allison



4583 CERTIFICATE OF DEATH

8 ()4582

	7.	034						Reg. Dist. No).
1. PLACE OF DEATH				1	. USUAL RESIDENCE (Where deceased		nr Residence befo	ore admission)
a. COUNTY	rederick		MARYL	AND	o. STATE	land	b. COUNTY	Freder	ick
b. CITY OR TOWN (IF	outside carporate timi	ls, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (f outside corpor	ote limits, write RU		
RURAL and give ne	rederick		39 year	s .	Fred	erick			
d NAME OF HOSPITA		ive street			d. STREET ADDRESS	A			e. IS RESIDENCE
OR INSTITUTION	12h West Pa	tric	k St.		124	West Pa	trick St		ON A FARM? YES NO
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Month	n Di	ay Yeor
(Type or print)	Margar		₹.		scher	DEATH	April	llth	19 58
S. SEX	6 COLOR OR RACE	7-31-M-W	非实现的非常实现的	9624 8.	DATE OF BIRTH		9. AGE (In years last birthdoy)		R IF UNDER 24 HRS
Female	White	WIDOWE	D NEWSTANDS	2	Feb. 8-190	2	56 yrs	Months Days	Hours Min,
10a. USUAL OCCUPATIO during most of work	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (SIG	te or foreign co	untry)	12 CITIZEN	OF WHAT COUNTRY
Mfg. Auto	Batteries	' .	Own busines	s	New Jer			U.S	. A.
13. FATHER'S NAME			0,,,,,	-	14. MOTHER'S MAIDEN				
	ence M. Wri					an Pelt			
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	DRMANT		Addre	56	
No			16-22-7553	Jol	n Francis	Fischer	-Jr Fre	derick-	Maryland
18. CAUSE OF DEA	TH [Enter only one co	use per fir	ne for (o), (b), and (c).]			-		INI	ERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE (o	The	udle coll 3	Derce	mo wool	une le	my Call	Helden	2 YULT.
144 0	DUE TO	-7	tections	, ,		0	70		
Conditions, if an	v. which 1	-7-2	un sur o						
gove rise to in	nmediate (Due To	,							
lying cause lost.	ne unour-								
	FR SIGNIFICANT CON		ONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	N IN PART YOU	YZGOTILA ZAW OF
5 100		2.1	at the	- 0	me have said	die	e wis	14 114 1 761 1(0)	PERFORMED?
200 ACCIDENT WAS	S LINDEDLYING T	20h DES	CRIBE HOW INJURY OC	CLIPPED	Fotos actura of Jajury	- 2011 1 00 2011			YES NO P
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ZUBE DESI	CRIBE HOW INDURING	CURRED.	cnier nature at injury	n ron i or rog	ji or tiem to.,		
20c. TIME OF INJURY Have a. m.	Manth, Day, Ye	- 1	NUURY OCCURRED 2	Oe. PLACI	OF INJURY (Home, fo	rm, 20f. (City	or town)	(County)	(Stote)
Havr a.m.	19	While at worl	Not white	IDCIO	y, siteel, office blog.,	iic.)			
21 I continue the	at Lattended the	dacacs	ed from			apr	11 1050	that I fast s	aw the decease
alive on	by 11	10 .	and the same of th		ccurred at 41:00				
Quive qu		اللكا بلد	LE,_, and that c	learn a	ccouled of 8F 5 75		eet, city or town, st		ne stated abave site bit bate signe
ACTUAL	XITI	0	4.0		7 1			iolej	BAIL MOINE
SIGNATURE	- /	Cu		M.I)	. Marke	t St.		
PHYSICIAN'S I	r. H.F.Kli	ne			Fre	derick-	Maryland		
220. BURIAL, CREMATION	N, 226. DATE THEREC)F	22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCATI	ION (City, town, at	county)	(Stote)
REMOVAL (Specify) Burial	L-11-199	68	Frederick	Mem	Panie	W. of	Frederic	ik-Marwi	and
23. FUNERAL DIRECTOR'S		N	ADDRESS			C'D BY REGISTR		RAR'S SIGNATU	
C.E Clin	red So	U	Frederic	k-Md.	DATE	APR 1 5 '	58 (200	A earl	h
							34 T		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained within 24 haurs after death. Page 4 may be retained with the haspital and physician.

TO FUNERAL DIR TOR: After this certificate has been signed by the attending physician and campletely filled in by formeral director, page 3 shauld be betached for use as the burial-transit permit. Then please remane carbon papers. Pages 1 and 2'shauld be filled with the registrar prior to burial, cremation, ar remanal, and in any event within 72 haurs after death. VS A1S (4) 15M 9/SS

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TELL IS 1328

A .V UAIRUA

4610 **CERTIFICATE OF DEATH**

Reg. Dist. No.

04583

1				h
by Funeral director,	d 2 should be filed with	(A	
completely filled in	papers. Pages I an	ath.		
by the attending physician and completely filled in by	it. Then please remove carbon papers. Pages 1 and 2'shault	ty event within 72 hours ofter Beatl	\	
by the	it. Thei	y event		

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TO HOSPITAL OR INTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4	may be retained from maybe at an area and physician. The physician and completely filled in by the fronter.		-
V5 15	A1:	5 (4 /55)

. F	COUNTY FT	ederick		MARYL	AND	o STATE Mary	/land	b. COUN			derick	
ı	D. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	ч 1Ь	c. CITY OR TOWN (If	outside corpo	prote limits, write	RURAL and	give nec	rest town)	
	Thurmon			50 yrs.		Thurmo	ont					
-	OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d STREET ADDRESS					e. IS RESIDENCE	
						E. Main	Stre	et			YES NO)
	NAME OF	Fir	sf .	Middle		Lost	4. DATE		lenth	De	y Year	
	DECEASED (Type or print)	Lester	C:	leveland	Fi	sher	DEATH	A]	pril	20	19 58	
. 5	SEX	6 COLOR OR RACE	7. MARI	RIED MEVER MARRIED		8. DATE OF BIRTH	100	9. AGE (in year lock birthdoy	IF UNDER	1 YEAR	IF UNDER 24 HR	
	malg	white	WIDOW			,	387	1 7	13.			
Qo.	. USUAL OCCUPATION during most of world	ON (Give kind of work- lung life, even if retired	done 105.		INDUS	TRY 11. BIRTHPLACE (Slote	or fareign (country)			F WHAT COUNT	RY
8		etired		Own farm		Maryl:	and		1	U.S	.A.	
3.	FATHER'S NAME					14 MOTHER'S MAIDEN	NAME					
		ck C. Fis				Mollie	Cell	iflowe:				
		R IN U. S ARMED FOR		SOCIAL SECURITY NO.		NFORMANT	77.4		ddress		3.5.7	
P.T	0			None	11	rs. Cora S	. Fis	ner :	Thurm	ont	, Md.	
		•	4.1	ne for (o), (b), and (c),]		0		1_1			RVAL BETWEEN	
	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (c		east de	re	are Corona	224)	upe_		8	days	
	4001	DUE TO					0	01			1	
	Conditions, if a		1									
	gave rise to in couse (a), stating	N DUIS TO										
	lying cause lost.)									
0	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION (O VEN IN PAR	T (o) 1	9, WAS AUTOPS' PERFORMED?	Y.
Š											YES 🗍 NO 🛚	<u>J-</u>
	20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRE	O. (Enter noture of injury in	Port I or Po	rt II of item 18.)				
2	(IF EITHER, NOTIFY	MEDICAL EXAMINER)		7.								
200	20c. TIME OF INJUR	Y Manth, Doy, Ye	or 20d I While	NJURY OCCURRED A	20e. PL/ Foo	ACE OF INJURY (Home, fare tory, street, affice bldg., etc	m, 120f. (Cil c.) 1	y or lown)	(1	County)	(Stol	e)
ž	p. m.	19	ol wor									
	21. I certify th	at I attended the	deceas	sed from Chris		21 , 19 58 10 (2/2-17	19	5 Sthat I	last so	aw the decea	sec
	alive on	m. 20	, 12_	S. and that	death	occurred at 9	AM, fro	m the cause:	s and an t	he da	te stated abo	ve
		1. 0	-	- 91		~	ADDRESS (Street, city or low	vn, stotel		DATE SIGI	NEC
	ACTUAL SIGNATURE	* amer	71	1 dray		M.D	Luna	sout.	- 0n	Col	\$	
	PHYSICIAN'S	17	,									
_	NAME (Type)	Juame	2 5	K. (7r	44							
22c	BURIAL CREMATIC		OF .			R CREMATORY		TION (C ty. low		7	(Stote)	
	Purlai	14-23-50			ge	Cemetery		rmont,	Mary			
_	FUNERAL DIRECTOR			ADDRESS	7.5.		D BY REGIS		GISTRAR'S SI	SNATU	7	
,	aymond l	. Creage	I,	Thurmont,	Mo	• DATE	APR 2	53 U	Whee	ue.	X	

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PECELVEIVE

VS. A1SME(5) SM 9/55

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Dieuse exe	4 should be		, crematian,	É
lecessory,	Poge		r to burial	
mineral mineral model of executed willing a now of the property, in any delay is recessary, prease exe	g the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director	er's Office alang with form PM3. Page 5 may be retained for your files	ige 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registror prior to burial, cren	
Jeum. II o	3 to the f	etained for	with the r	
	s 1, 2, and	5 may be re	ges 1 and 2	\
11 67 111111	Give Page	3. Poge 5	file pag	
CACCUICO A	Item 18.	th form PM	ansit permit	
2000	in pencil in	e alang wi	o burial-tra	
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4 2 6	2	edi	ge	

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	0458
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Ren. D	Dist. No.

PLACE OF DEATH	lerick	4611	MAR	YLAND	2. USUAL RESIDENCE OF STATE MAI			tution, Residence	
b. CITY OR TOWN (III Adams to	outside corporate fimits, write		LENGTH OF STAY			N (If outside o	orporate limits, wri	le RURAL and gi	ve nearest town)
d. NAME OF HOSPITA	AL OR INSTITUTION (IF	not in hospital,	give street addre	95)	d. STREET ADDRE	SS			e, IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print)	Find RUTH		Middle EMMA		GIBSON	4. DATE OF DEAT	Мо	April	7, 1958
s. sex Female	6. COLOR OR RACE White	7. MARRIED [A	NEVER MARRIE DIVORCED		oate of Birth	L	9. AGE In years its: bythday OO yes	Months Do	
10a. USUAL OCCUPATION during most of working HOUSE-WO	ON (Give kind of work d g life, even if retired) CK	OWY	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S Marylar	Slote or foreign	country)	12. CITIZEI USA	OF WHAT COUNTRY?
John H.	Ogle			1	4. MOTHER'S MAID		ery		
IS WAS DECEASED EVI	R IN U. S. ARMED FOR (If yes, give war or dales of se		AL SECURITY NO.		Clark Gibs	son, Sr	• (Same	as item	#1)
Canditions, if or gove rise to immed (o), stoling the ucouse tast.	inderlying DUE TO	_Co	ecre	-	y The	em	lasi	<i>\(\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\</i>	INTERVAL BETWEEN ODNSET AND DEATH
ICATIC	ER SIGNIFICANT COND							IVEN IN PART 1(PERFORMED? YES NO
	SE WAS TRIBUTING []	DESCRIBE HOY	W INJURY OCCU	RRED. (Ent	er nature of injury in	Parl I ar Port	H of item 1B.)		
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year	While	Not white at work	0e. PLACE factory	OF INJURY (Home, , street, affice bldg.,	form, 20f. (C	ity or town)	(County) (State)
	ot I took chorge from: Notural c						Inspection D Undetermined	_	🔼 and find that
ACTUAL SIGNATURE	SODA	222-	ear.		A.D. CHIEF MEDICA	L EXAMINER	3		DATE SIGNED
EXAMINER'S B	. O. Thomas	, M. D.			DEPUTY MEDIC				4-7-58
22a. BURIA., CREMAT OF REMOVAL (Specify)	N, 22b. DATE THEREOF		NAME OF CEMET		ematory rial Park	22d. 100 Fre	ATION (City, town, derick, N	or county) [aryland	(Stote)
23. FUNERAL DIRECTOR" M. R. Etc	s SIGNATURE hison & Sor		ADDRESS rick, Ma	ırylar	24a I	APR 9	EQ 340	ISTRAR'S SIGNA	TURE

STATE SEL

A .V UALE.

Rea, Dist. No.

mission) RESIDENCE N A FARM? S NO
RESIDENCE N A FARM? NO THE PROPERTY OF THE PRO
Year 19 58 NDER 24 HRS. Urs Min. HAT COUNTRY?
Year 19 58 NDER 24 HRS. Urs Min. HAT COUNTRY?
19 58 NDER 24 HRS. Urs Min.
HAT COUNTRY?
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(State)
he deceased lated above. DATE SIGNED
State)
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may be retained the haspital or attending physician.

TO FUNERAL DIRI, 38: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 9/55

r death! Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

S. V. DANGER.

04586

			45	34 CE	RTIFIC	ATE	OF D	PEATH	1			Reg. D	list. No.	101	J 1)
o. COUNTY		erick			MARYLAND	2. 1	JSUAL RESID	erylar	nere decease		If institution		ence befo		ision}
RURAL on	rown (If d give neadleric)		ts, write	4 Mont		·			outside corpo ick=Ru			URAL ond	give nei	arest tow	m}
OR INSTIT	HOSPITA TUTION CEVUE	L (If not in hospitat, ç	jive street	address)		1	d. Street A		Sprin	ıgs				ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or prin	nt}	Fia JOH			Middle MARD		HARPI		4. DATE OF DEATH		Mon CA	m ril	8,	,	Year 1958
s. sex Male		White	WIDOWI		ORCED 🗍		te of birti			55 6	(In years ighday) yrs	Months	R I YEAR Days	IF UND	ER 74 HRS
10a. USUAL OC during mos Labo	t of working	(Give kind of work og life, even if retired	\ I	KIND OF BUSIN				ACE (Stote Brylar		ountry)			ITIZEN C	F WHA	COUNT
13. FATHER'S N.	AME					14.	MOTHER'S	MAIDEN N	IAME						
Samu	iel Ha	arper					Mary	y Sto	ttlemy						
15. WAS DECEA (Yes, np., or unknow NO	SED EVER	IN U. S. ARMED FOR yes, give wer or dates of s	acures.	SOCIAL SECURIT			MANT Ella	M. Lo	ods, F		Ola rick			,	
	T I. DEATH	H [Enter only one co I WAS CAUSED BY: MMEDIATE CAUSE (o DUE TO	Ca	ne for (o), (b), on		X	ira)	2		···		ONS	EL ANI	ETWEEN DEATH
Conditio gove ris couse (o), lying cou	e to im- stoting th	mediote (Ca	ideoc	Hyz	er	trop	ey 12	what	echo	peus	elis	u ·	217	KO.
PAK OILY OILY OILY OR CONTRI OR CONTRI OF EITHER,	T II. OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING T	TO DEATH BUT	NOT	RELATED TO	THE TERMI	NAL DISEAS	E CONDI	TION GIV	EN IN PA	RT 1(o) 1	9. WAS PERFO YES	DRMED?
	ENT WAS IBUTING E NOTIFY M	UNDERLYING TO CAUSE OF DEATH EDICAL EXAMINER)	20ь. DES	CRIBE HOW INJU	URY OCCURRE	D. (En	ter nature o	Finjury in F	Port I or Port	t II of ite	m 18.)				
	F INJURY O. ji. p. m.	Month, Day, Ye	White of wor	NJURY OCCURRE Not while k of work	D 20e. PU	ACE C	OF INJURY (I street, office	lome, form bldg., etc.	, 20f. (City	or town)			(County)		(Stote
21. I cer alive on actual signaturi	1. 12	t I attended the			fluu that death			1:450	M, from	reet, city	auses a	nd an	last so	te stat	deceas ed abov ATE SIGN 0-58
PHYSICIAN NAME (Typ	(e) II	. F. Kline						erick	, Mary						***************************************
REALISE	(Specify)	14-11-58		22c. NAME OF Bethel				ery	22d LOCAT					(Sio Land	
23. FUNERAL DI		signature Isom & Son	. Fr	ADDRESS ederick,	Maryl	and	1	24a. REC'I	BY REGIST	RAR 2	4b. REGIS	TRAR'S S		RE	

TO HOSPITAL OR AVTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be relatined to the haspital or attending physician.

TO FUNERAL DIRECTOR STATEMENT OF THE PROPERTY OF THE VS A15 (4) 15M 9/55

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1.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1505 CERTIFICATE OF DEATH 04587

ı			気がし	OLKIII	ICA	IL OI D	-AII	•			Reg. D	st. No	,	
	1. PLACE OF DEATH o. COUNTY				li li	USUAL RESID	. '	_		institute	_			ion)
1	Fre	ederick		MARYL	AND	1/	aryla	and	D. C.	201411	Fre	der.	Lck	
ı	RURAL and give n		its, write	c. LENGTH OF STAY	N 1b	c. CITY OR TO			orate limits,	write R	URAL and	give ne	arest town	1}
ł	Freder	L CK TAL (If not in hospital, ;	-ium stanat	n dela cost	- 11		deric	K					10 000	(DELICE
	OR INSTITUTION	Monaview C				d. STREET AL Nest 4t		eet E	ct.					FARM?
	J. NAME OF DECEASED	F)	rst	Middle		Last		4. DATE		Man	th	De	γ '	Year
	(Type or print)	Mary	El	len xie	CXXXXXX	Harper	•	OF DEATH	Ap	ril		4		19 58
	S. SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIE	.8 BC c	DATE OF BIRTH			9. AGE (Ir	years	IF UNDER			
	F	C	WIDOW	DIVORCED		Unknow	m		75 ?	ndoy}	Manths	Days	Haurs	Min
	10a USUAL OCCUPATION during most of war	ON (Give kind of work king life, even if retired	dane 10b.								12. CI	TIŽEN C	F WHAT	COUNTRY
	Domestic			* ***	₹-	Frede			d.					
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME						
		cnown					Unkne	WIL						
	15. WAS DECEASED EVE	R IN U. S. ARMED FOI Ilf yes, give wor or dates of		SOCIAL SECURITY NO.	17. INF	ORMANT				Add	ress			
	No		U	nknown	Hes	pital R	ecord	s						
	18. CAUSE OF DEA	ATH [Enter only one co	ouse per lin	ne for (a) (b) and (c).)			/	7 /	<u></u>			INT	ERYAL BE	TWEEN
	PART 1 DE	ATH WAS CAUSED BY: 1MMEDIATE CAUSE (2)	1/Mg	Car	dial	Sti	Hac	ct			ON.	SEL ALID	nus
	pau.	DUE TO		all				//						
	Conditions, if a		0)	Clive	ue	mys	cal	dete	1			d	11	J.
	gove rise to i	mmediate {		1) 1.	4	71/2							1	
	lying cause last.		c)	Mer	100	texes	-60-1	70				1 '	ノフ	1/3
13	PART II. OT	HER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITIO	ON GIV	EN IN PAI	(o) T	PERFO	AUTOPSY RMED?
J	5		-										YES 🗌	
	OR CONTRIBUTING	AS UNDERLYING TO	20b. DES	CRIBE HOW INJURY OF	CURRED.	(Enter nature of	injury in f	ort 1 ar Par	t It of item	1B.)				
		MEDICAL EXAMINER												
	Y 20c TIME OF INJUI	RY Manth, Day, Ye	war 20d. If While	NJURY OCCURRED Not white		E OF INJURY ()- ry, street, office			or lawn)		- (County)		(State)
	p. m.	19	al war											
	21. I certify th	nat I attended the	deceas	ed from		, 19.JV	, ta	cpe	4.,1	258	_,that I	last s	aw the	decease
	alive on	nay (12_:	and that	death c	occurred at.						he da	te state	ed abow
		XXIII	10 -	•		_	\rightarrow	ADDRESS (S	treet, city o	r lowii,	plote)		a / D/	TE SIGNE
Į	ACTUAL SIGNATURE	1111	Rue	الـ	М.	D	1 6	neu	cin		$n_{\mathcal{O}}$	<u>, (</u>	gu	117
1	PHYSICIAN'S NAME (Type)	H.F.	K	LINE	M	10.	7	TERR	reas		1	Md	ugh	auc
	220 BURIAL, CREMATIC		OF	22c. NAME OF CEME	TERY OR	CREMATORY		22d LOCA	TION (City,	fawn, o	or county)		// (Stot	e}
	Burnal (Specify	4-7-58		Hope Hill				Fred	lerick	-Ce	. Md.			
	23 FUNERAL DIRECTOR			ADDRESS				D BY REGIS	1 1		STRAR'S SI	GNATO	RE	
1	Charles E.	hicks III	Frec	lerick. Md.			BD	D 4 4 1	ED [ap A sy	د هدار	F . SA		

VS A15 (4) 15M 9/SS

E W LINE

75% II 84%

MARCH TOTAL

Page

death.

SELL STATES

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4587 CERTIFICATE OF DEATH

Rea. Dist. No.

04589

		321(1111)				Reg. Dist. No),
1. PLACE OF DEATH			2. USUAL RESID	ENCE (Where decease		mi Residence befr	are admission)
Frede	rick	MARYLAND	0. 317.12	Marylan	d b. county	Fred	derick
b. CITY OR TOWN (If outside RURAL and give nearest low	carparate limits, write	c. LENGTH OF STAY IN 16	II .	OWN (If outside cars		JRAL and give ne	earest town)
Frederick		2 yrs.	X Fr	ederick-	rural		
d. NAME OF HOSPITAL (IF noi OR INSTITUTION Frederick Chr			d. STREET A	DDRESS			e. IS RESIDENCE ON A FARM? YES NO;
3. NAME OF DECEASED	First	Middle	Lesi	4. DATE	***************************************	h D	ay Year
(Type or print)	JOHN		ING	DEAT	H April	4th	19 58
		MED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last_birthday)	Months Days	R IF UNDER 24 HRS. Hours Min
Male Whi			May 30	<u> </u>	81 yrs.	mornes Days	PIQUES MIT
10a. USUAL OCCUPATION (Give Laborer Laborer	kind of work done 10b.		_		country)		OF WHAT COUNTRY
Laborer	Att	usement Par	K M	ryland	<u>.</u>	U.S	3.A.
3. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
David M. Ki			Ani	na M. Del	Leser		
	. ARMED FORCES? 16.	1	INFORMANT		Addri	PSS	
No	57	7-14-0067	Arthur 1	D. King	Thurmon	t. Mary	yland RD
18. CAUSE OF DEATH [Enti	er anly one cause per li	ne far)(a), (b), and (c).)					ERVAL BETWEEN
PART I. DEATH WAS	CAUSED BY: ATE CAUSE (a)	atas I	nema	wie		ON	SET AND DEATH
4.22.2	DUE TO	0	-				
Canditions, if any, which	h) " (C	Yunio 9	111000	endetin	-		11.4M.
gave rise to immediat	8 (0)	7	rync	,			7.7
catse (a), stating the under	(c)		0				,
Z PART II. OTHER SIGN		ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIVE	EN IN PART 1(a)	19 WAS AUTOPSY
PART II. OTHER SIGN PART II. OTHER SIGN 20a. ACCIDENT WAS UNDER OR CONTRIBUTING [] CAUS UIF EITHER, NOTIFY MEDICAL							PERFORMED?
200. ACCIDENT WAS UNDER	LYING 20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature al	injury in Part 1 or Pa	ort II af item 18.)		
OR CONTRIBUTING CAUS	E OF DEATH I				·		
3 20c. TIME OF INJURY Month	Doy, Year 20d. I	NJURY OCCURRED 20e. F	LACE OF INJURY IF	lome, form, 20f. (Ci	ty or town)	(County)) (State)
20c. TIME OF INJURY Manth Hour a.m.	19 While at war	Not while	octory, street, office	bldg., etc.)	,,	(4001117)	, (3,0,0)
				110	11 00	,	
21. I certify that I at	ended the deceas	1 - C	19-1	ta war	19.1.	"that I last s	aw the decease
alive an with	12	$\mathcal{L}_{\mathcal{J}_{r-}}$, and that deat	h accurred al.		im the causes ai	nd an the do	ate stated above
ACTUAL	HIN.			ADDRESS (Street, city or town, s	itale)	DATE SIGNE
SIGNATURE	1 V/Cuu	1	M.D	7_NM	arket St.		
NAME (Type) Dr. F	LF_Kline			Frader	ick- Mary	and	
220- BURIAL, CREMATION, 22b.		TOO NAME OF STATESON	70 (00)				
REMOVAL (Specify)	8_K8	Lewistown			ATION (City, town, or		(State)
23. FUNERAL DIRECTOR'S SIGNA	TIBE	ADDRESS	oem cery		vistown.		
Raymond E. C			ā	24a. REC'D AY REGIS		TRAN'S SIGNATU	
Treatmond E	Leg Sel.	Thurmont, M	C. a	DATE	040	, ,,	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained the hospital or attending physician.

THE EUNERAL DIRE THE THE THE THIS certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use at the burial-test permit. The please remark corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remarkly, and in any event within 72 hours offer goath. VS A15 (4) 15M 9/55

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	riting the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral	d for your fill	3 should be used as a burial-transit permit. File pages 1 and 2 with the reg	
	5	s Office alang with form PM3. Page 5 may be retained for	£	
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ARYLAND	STATE	DEPARTME	NT OF	HEALTH-	-BAL	TIMORE,	18
MEDIC	AL EX	AMINER'S	CERT	IFICATE	OF	DEATH	р.

04590

Rea, Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY Frederick o. STATE Maryland b. COUNTY Frederick MARYLAND b. CITY OR TOWN (II outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Since 11/6/5 Frederick-Rural RD#5 Frederick-Rural RD#5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e, IS RESIDENCE Shookstown Road Shookstown Road YES NOT NAME OF First Middle DATE Month Day Year DECEASED (Type or print) JOSEPH KOPFF DEATH 19 58 JULTAN April 28 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO B. DATE OF BIRTH FUNDER TYPAR IF UNDER 24 HRS. Months Min. Days Hours 18 April 1904 White DIVORCED [7] Mala WIDOWED [7] Yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Truck Driver Milk Transportation St. Louis. Mo. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Weber Louis Kopff 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, np, or unknown] Mrs. Mildred Kopff Same as item 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUF TO** Conditions, if ony, which) gove rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO 🗆 YES T 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 11 of item 18.) 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Slate) factory, street, office bldg, etc.) Hour a.m. While Not while, of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection XI, Inquiry XI, and find that death resulted from: Natural causes XI. Accident . Suicide . Homicide . Undetermined cause . DATE SIGNED **ACTUAL** SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** B. O. Thomas, M. D. 1-29-58 NAME (Type) DEPUTY MEDICAL EXAMINER 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Burial (Specify) 5-2-58 Mount Olivet Cemetery Frederick, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland DATEAY

VS. A15ME(5) 5M 9/55



tory, please flor. Page our files. of Health,

TO DEPUTY MEDICAL ILLMINER: This certifical should be executed within 24 hours after almith. If any delay is necles execute the certificie, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral A should be formored to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a pucial-transit permit. File pages 1 and 2 with the State Board at its designated ageint, prior to buried, crematiap, at removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04591 · MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 4 E-0-0

9,	1, 7	LACE OF DEATH	#000		2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)				
1	2	. COUNTY	rederick	MARYLAND	• STATE Maryland b. COUNTERederick				
	b	. CITY OR TOWN (IF a	uts de corporata limits, vinta RUPAs	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
		Freder	iale						
			L OR INSTITUTION (If not in hose	2 years	d. STREET ADDRESS IS RESIDENCE				
	0				ON A FARM?				
		Frederick Memorial Hospital 102 Frederick Ave.							
	3. 1	NAME OF DECEASED	First	Middle	Losi 4. DATE Month Doy Year				
	(Type or print)	Clyde	Anthony	Lafoon DEATH April 4 19 58				
	5. S	EX	6 COLOR OR RACE 7- MARRIE	D NEVER MARRIED B	DATE OF BIRTH 9 AGE IN YOUR IF UNDER 74 HRS				
		Male	White WIDOWED	DIVORCED	iug. 4,1943 I4 yrs Months Doys Mours Mr				
	10a. d	USUAL OCCUPATION	N (Give kind of work done 10b. Ki	IND OF BUSINESS OR INDUST	11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?				
		Stude			Washington, D.C. U.S.A.				
	13.	FATHER'S NAME	Clyde Alvin		14 MOTHER'S MAIDEN NAME				
		Margaret	Be- Laf	oon	Margaret Belle Houston				
	15.	WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16, S	OCIAL SECURITY NO. 17, IN	FORMANT Address				
	Link	No	ir yes, give wor or goins or terrice)	т	r Cecil Houston 102 Frederick Ave.				
			Enter only one couse per line for	or (o), (b), and (c) i	Interest from the treatment of the treat				
		PART 1, DEATH	WAS CAUSED BY		INTERVAL BETWEEN ONSET AND DEATH				
		1		Ruptured Spl	een, Fractured ribs on				
Pro-			DUE TO						
		Conditions, if on	ofe Couse I	ight side, Pn	eumothorax 13 hours				
		(a), stoting the vi	nderlying DUE TO	Omein contuc	4				
		couse last.		Brain contus					
	ģ	PARI II, OTHE	R SIGNIFICANT CONDITIONS COL	NIR BUING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
*	3			The state of the s	YES 📆 NO 🗍				
	CERTIFICATION	200. EXTERNAL CAUS	INBUTING L		ster noture of injury in Part I or Part II of item 18.)				
		CAUSE OF DEATH.	Autor	nobile ran i	nto back of pick up truck				
	MEDICAL	20c. TIME OF INJURY	Month, Day, Year 20d. It	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form. 20t (City or town) (County) (Stote) Tys. street, office bidg., etc.) IT's Hyattstown Frederick				
	MED	Hour 10.	4/3/58 While of wor	k of work R	ute 240 Nober Costown Frederick				
	ì	21. 1 certify the	at I taok charge of the re	emains described above	re, held an Autopsy X, Inspection X, Inquiry K, and in my				
					, Suicide , Hamicide , Undetermined manner				
				acces [], receivant [a	, sociate [], individue [], onderentimed filantier				
	_]	ACTUAL SIGNATURE	6026	-17/2	CHIEF MEDICAL EXAMINER [7] DATE SIGNED				
		SIGNATURE			ASSISTANT MEDICAL EXAMINER [7]				
1		EXAMINER'S NAME (Type)	B.O. Thomas, h	r n					
	270		<u></u>	22c NAME OF CEMETERY OR	421300				
	210	BURY AT (Specify)	April 8, 158,	WASHINGTON NA	(- 1, - 1, - 1, - 1, - 1, - 1, - 1, - 1,				
	22 1	FUNERAL DIRECTOR S	release to the second s	ADDRESS					
	aJ, I	136210	iller =	FREDERICK, MA	RYLAND 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE				
	/	ACIL			DATE APR 9 '58 With educh				

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AXTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR

may be retained the haspital or attending physician.

TO FUNERAL DIRE ARTER this certificate has been signed by the attending physician and campletely filled in by uneral director, page 3 should be astached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

			2000	CLRIII	167	TIE OF L	CAII			Reg. E	list. No		
1.	PLACE OF DEATH o. COUNTY Fred	erick		MARYL	AND		ence (wh		d lived If instituti b COUNTY		ence befo		ion)
ak:	Frederic	k		Life	N 16	_	own (if o		rote limits, write li	URAL on	give ne	arest towr	i)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 427 North Bentz Street						/d STREET A		entz	Street				FARM?
	NAME OF DECEASED (Type or print)		LLIAM	Middle HENRY		LAYMAN	•	4. DATE OF DEATH	Ap:	ril	3,		Year 1958
	Male	6. COLOR OR RACE White	WIDOWED	DIVORCED		21 May	1888		9. AGE (In years lost birthday) yrs.	Months	Doys	Hours	Min
	Retired-Tr	N (Give kind of work of ing life, even if retired) uck Driver		nd of Business or rick Works		Free	lerick	, Mar			ITIZEN C	F WHAT	COUNTR
	FATHER'S NAME Clarence L					14. MOTHER'S Katie							
15. (Y∈		R IN U. S. ARMED FORE	musel I	1-10-3001		s. Rosie	Laym	an (Same as	item	#1)		
		TH [Enter only one car TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	100	tor (0), (b), and (c).]	- fi	velve.	ms	nes			ON	ERVAL BE	DEATH
***	Conditions, if or gove rise to Ir cause (o), stoting I lying cause last.	he under- DUE TO	Car	lie ve		ula					34	ms L	
CERTIFICATION	491 X	ER SIGNIFICANT CON								/EN IN PA	.RT 1(a) 1	P. WAS PERFO	RMED?
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)		BE HOW INJURY OC							-		
MEDICAL	20c. TIME OF INJURY Hour g. p., p. m.	Month, Day, Yea	While	JRY OCCURRED 2 Not while at work	foci	CE OF INJURY (I ory, street, office	tome, farm, bldg., etc.)	20f. (City	or lown)		(County)		(Stote)
	21. I certify the alive on	at Lattended the	deceased 12.2	/	teath	, 1952 occurred at.	2:40F	_M, fran	(3, 19,1), or the causes of th	and an	last so the da	te state	ed abay
	rescue (1) (se)	• O. Thomas		D.		Frede	rick,	Md.			*		
_	Burial Burial	226. DATE THEREO 4-7-58		Mount Oliv			r		rick, Mar			(State	e)
23.	M. R. Etc	ssignature hison & Sor	a, Fre	derick, Ma	ryl	and		BY REGIST	RAR 246 REG!	/	IGNATU	J.	



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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4590 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution, Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Frederick Marvland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick Frederick Vrs. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a IS RESIDENCE ON A FARM? 703 Rosemont Avenue YES [] NO TO Frederick Memorial Hospital 3. NAME OF Middle DATE Day Year DECEASED Of (Type or print) William Little DEATH 58 Francis April 19 IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEWSCHWARREN B. DATE OF BIRTH 9. AGE (In years last birthday) Months 65 yrs. July 1-1892 Male 10o JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? Shipyard Maryland U.S.A. Electrician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis P. Little Annie English 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Maryland Mrs. Wm. F. Little-703 Rosemont Ave.-Frederick-No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) I me. 445 % DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cosse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES. NO [] 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture-of injury in Port 1 or Port II of item 18.] 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) Hour e.m. factory, street, office bldg., etc.) While Not while of work ot work D. m 21. I certify that I attended the deceased from Q and that death occurred at 1:50A.M., from the causes and on the date stated above. glive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE 7 E. Church St. PHYSICIAN'S H.V.Chase Frederick-Maryland Dr. NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) REMOVAL (Specify) St. Peter's Cemetery Hancock Maryland -26-1958 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Frederick-Maryland DATE APR 2 15 156

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04596

Reg. Dist. No.

	PLACE OF DEATH a. COUNTY Frederick MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick								
Ь.	CITY OR TOWN (III o	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Walkersville-Rural RD#1												
d.	NAME OF HOSPITA)	d. STREET ADDRESS Dublin Road s. IS RESIDENCE ON A FARM YES \(\text{NO} \)											
DI	AME OF ECEASED ype ar print}	WI	LLIAM	Middle ROBERT		McFARLA	ND	4. DATE OF DEATH	N	lanth Ar	ril	Doy 2		9 58
	Male	White	WIDOWED		<u>-</u>	DATE OF BIRTH 25 March	191	4		yrs, IF		1YEAR Days	Hours	ER 24 HRS Min
10a. du	USUAL OCCUPATION ring most of working Painter	N (Give kind of work life, even if retired)	dane 10b. K	ind of Business or III	NDUST	RY 11. BIRTHPLA Vir	CE (State	ar foreign co	ountry}		12. CITI		TAHW	COUNTRY
	Edward L.	McFarlane	3.			14. MOTHER'S I		Riley						
[Yas, 7	NO NO EVER	R IN U. S. ARMED FO	Eservice)	SOCIAL SECURITY NO. 14-14-6991		s. Mary	S. M	cFarla		iress BINE	as i	tem	#2])
	Li i i i angave rise to immedi	WAS CAUSED BY MMEDIATE CAUSE (of DUE TO y, which) (but couse)	, a	or (o), (b), and (c).]		Edan	ala	tion	will	2		INTER ONSE	VAL BETW	EEN ATH
	COUSE last. PART II. OTHE	{c	, Sul	NTRIBUT NG TO DEATH	BUT N	OT RELATED TO	THE TERMI	IC- GL	CONDITION	GIVEN	IN PART			AUTOPSY PRMED?
-	PRIMARY OF CONTACTOR	E WAS TRIBUTING []	Ob. DESCRIBE	HOW INJURY OCCURS	ED. (E	nter nature of inj	ury in Pari	Lar Part II	of item 18.}					
MEDICAL	Haur o. m. p. m.	Month, Day, Ye	While	Nat while	PLAC facto	E OF INJURY (H	lame, farm bldg., etc.	20f. (City	or town)		(Cau	nly)		(State)
				emains described , Accident,				-	spection determine			_	and	find the
	SIGNATURE	Siste	om	as		_m D.		AMINER [DATE S	GIGNED
	(,,,,,,	. O. Thomas				DEPUTY /		AL EXAMINER	X .				4-4-	-58
B	BUR AL, CREMATION REMOVAL (Specify)	4-5-58	OF :	Mount Oliv		Cemetery		Fred	on (Cily, to	Mar	ylar		(Stat	e)
	• R. Etch		ı, Fred	derick, Mar	ylaı	nd	24a. REC'I	APR 7	24b (R	EGIZIN	AR'S SIG	NATUR	É	

TA OVER

8 = 2 24



DATE

MI VIEW

R. V UASRUE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

death. Page 4

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			2.7									
1. PLACE OF DEATH • COUNTY Fred	erick		MARY	- 11	2 USUAL RESIDENCE o. STATE	(Where decess Maryla	h COUNTY		deri	,		
b CITY OR TOWN (If RURAL and give nea Freder	agest town)	ls, write	l week	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Knoxville							
d. NAME OF HOSPITI OR INSTITUTION. FEECET1	ck Memor:	ive street	oddress) Hospital		d. STREET ADDRESS				ON	RESIDENCE N A FARM? NO 2		
3. NAME OF DECEASED (Type or print)	Jacol		Middle	01	den	4. DATE OF DEATI			Doy 20	Yeor 19 58		
5. SEX	6 COLOR OR RACE	7. MARE	HED NEVER MARRIE	D B.	DATE OF BIRTH		9. AGE (In years			NDER 24 HRS		
male	white	WIDOW	ED DIVORCE		1/1/1877		lost birthday)	Months [Days Hou	irs Min.		
100 USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11 BIRTHPLACE (SI	tole or foreign	country)	12. CITIZ	EN OF WH	AT COUNTRY?		
laborer	ing life, even if retired		railroad		Mary	land		T	J.S.			
13 FATHER'S NAME			1411044		14. MOTHER'S MAIDE				101			
Joshua	Olden				Sarah	Crouse	<u> </u>					
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. tNI	ORMANT	-1000	Add	1055				
Yes, no or unknown) (If yes, give war or dates of s	ervite)		Mrs	s. Melvin	Phil	Lips, Kn	oxvil	le,	Md.		
		iuse per li	ne for (o), (b), and (c).		0 11					BETWEEN ND DEATH		
PART I. DEAT	ÎH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cer	ebri	e Men	nonh	uze		9	Days		
4441	DUE TO	•					00			0		
Conditions, if on	y, which }	1	Musheri	Luni	ve Cur	hovas	culius D	sens	6	must		
gave rise to in couse (a), stating t	nmediale Dus To		0									
lying couse lost.	ne under-	b										
PART II. OTH			CONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	EN IN PART	1(o) 19, W/	AS AUTOPSY		
Š										RFORMED?		
PART II. OTH 200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OF	CCURRED.	(Enter nature of injury	in Part I or Pa	ort II of item 18.)			<u> </u>		
(IF EITHER, NOTIFY												
20c. TIME OF INJURY	Month, Day, Ye		NJURY OCCURRED		CE OF INJURY (Home, 1		ly or tawn)	(Co	punly)	(Stole)		
p. m.	19	While of wor	k at work		,,,,							
21. I sertify the	at Lattended the	deceas	ed from 4-2	-1	195 to	4-3	S 1952	that I le	ist saw th	ne deceased		
alive on 4	- 33	. 19 5	and that	death o	occurred at 4	A M. fre						
0.,,,		'~		ocum (>		Street, city or town,		s date an	DATE SIGNED		
ACTUAL	Thirm	m E	Stor	٠	2 4/2	1 3 m	1 17		4-30	ST.		
SIONATORE				- M					January			
PHYSICIAN'S NAME (Type) DT	. Thomas	Sto	ne		Fre	deric	k Md.					
220. BURIAL, CREMATION	N, 226. DATE THEREC)F	22c. NAME OF CEME	TERY OR	CREMATORY	22d. LOC	ATION (City, town,	or county)	Į:	State)		
BUITE (Specify)	5/2/19	58	Ch. of H	Breth	nren Cem.		ownsvill	* * *	Md.			
23. FUNERAL DIRECTOR'S			ADDRESS	V		EC'D BY REGI		STRAR'S SIGI				
Gladhill	Company	, P	Middletown	a, M	d. DATE	MAY	5 '58 4	ines	LLA			

MAY

VS A15 (4) 15M 9/S5 CE.X

TO HOSPITAL OF



22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d, LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

(State)

DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

0 VS A1S (4) 15M 9/55

PAREN V. S.

VS. A15ME(5) 5M 9/55

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AN	RYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE, 18	
_	MEDIC	AI FY	AMINED'S C	EDTIFICATE	OF DEATH	

APPROAL EVALUEDIC CENTIFICATE OF DEATH	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. () 46	10

1.	PLACE OF DEATH	erick)) 1	MARYL	AND	2. USUAL RES				estitution: ResiduNTY Fre			uion)
-		outside corporate firmits, write	RURAL	c. LENGTH OF STAY II	ч 1ь	ll .	town (#		orote limita, v	vrite RURAL on	d give ne	egrest to	wn}
		u or institution (ylvania Av		ital, give street address		d. STREET		nnsyl	vania l	Avenue		ON	SIDENCE A FARM? NO K
	NAME OF DECEASED (Type or print)	Fin WAL		Middle HENRY	J	HEBUS,		4. DATE OF DEATH		April	Day		9 58
	Male	White	WIDOWED		3 3	L3 April	1901	L		Months yrs.	Days	Hours	Min.
100	. USUAL OCCUPATIOn luring most of working Laborer	N (Give kind of work of life, even if retired)	done 10b. Ki	ind of business or in inty Roads	4DUSTI	11. BIRTHPL	ACE (Stote Tylane	ar foreign co	ountry)		IZEN OF	WHAT	COUNTRY
13.	E. McCle	llan Phebu	S			14. MOTHER'S Margare		2	t name	unknow	n)		
15. (Yes		R IN U. S. ARMED FO (If yes, give wer or dates of	service)	OCIAL SECURITY NO. 20-09-4398		FORMANT Orge E.	Phebu	80	0 Month	TaireA	venu Md.	e,	
	PART I. DEATI	iote couse	se per ling f	or (o), (b), and (c).]	rl	ter.		ty.			INTER	VAL BETWE	EN TH
CERTIFICATION	PART II, OTH		DITIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION	GIVEN IN PAR		PERFO	AUTOPSY REED? NO 🔝
CERTIF	20g. EXTERNAL CAU PRIMARY D or CON CAUSE OF DEATH.	SE WAS TRIBUTING	b. DESCRIBE	HOW INJURY OCCURE	ED. (Er	nter noture of in	jury in Port	or Port (of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED 20e	PLAC focto	E OF INJURY (F ry, street, office	lome, farm bldg., etc.	20f. (City	or town)	(Co	unty)		(Stote)
			_	emains described], Accident [],						(). Inqui		and f	find that
	ACTUAL SIGNATURE	W Herry	7-2-2	2		_M.D. CHIEF M			_			DATE S	CZMĐI
	EXAMINER'S NAME (Type)	B. O. Thom	as, M.	. D.				AL EXAMINED				4-1	1-58
220	BURIAL, CREMATION REMOVAL (Specify) Burial	1, 225, DATE THEREO		22c. NAME OF CEMETER Mount Olive			r			on county)	d	(Stote	:)
23.	FUNERAL DIRECTOR'S M. R. Etc		n, Fre	ADDRESS ederick, Mar	ryla	and		BY REGISTI	RAR 2400-R	EGISTRAR'S SIG		E	



(State)

1. PLACE OF DEATH o COUNTY

Frederick

FURAL and give negrest town

220. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

4/4/58

CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

4595

MARYLA

c. LENGTH OF STAY IN

9 hrs

C/	ATE OF DEATH	1		Re	eg. D	ist, No		OUL
4D	2 USUAL RESIDENCE (WHO	ere decease	d lived If institution b. COUNTY			nce befo		ion)
1b	c. CITY OR TOWN (If or Sellm		rote limits, write RU	JRA	L and	give ne	prest laws)
	d STREET ADDRESS							DENCE FARM? NO
	Last	4. DATE OF	Mont	h		Do	ıy '	Year
	Poole	DEATH	Apı	t	1	2		1958
h I	8 DATE OF BIRTH		9. AGE (In years lost birthdoy)	(F)	UNDE	RIYEAR	IF UNDE	R 24 HRS
5	December 15-	Hours	Min,					
NDU:	STRY 11. BIRTHPLACE (State of	or foreign c	ountry)		12. CI	TIZEN C	F WHAT	COUNTRY
	Maryland	ļ				U.S.	,	
	14. MOTHER'S MAIDEN N	AME						
	Mary Wat	ers						
17. R	NFORMANT		Addr	ess				
MI	s Wilson Pool	e, Sel	lman Mery	rl.	and			
	4108	()	t				ERVAL BE	
ب	Lateral !	delli	0200				2 4	10
							- 6)
BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIVI	EN	IN PAI	RT 1(o) 1	9. WAS	AUTOPSY

22d. LOCATION (City, tawn, or caunty)

24b. REGISTRAR'S SIGNATURE

Beallsvi1

24a. REC'D BY REGISTRAR

Frederick Memorial Hospital NAME OF DECEASED First Middle Clarke Wilson (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED White WIDOWED [7] Male 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Active farm ewner Dairy farm 13. FATHER'S NAME Algie Peole 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No 214-36-1923 18. CAUSE OF DEATH [Enter only one coust per line for (a), (b), and (c). DEATH WAS CAUSED BY: 1 DUE TO Canditions, if ony, which gove rise to immediate DUE TO casse (a), slating the underlying cause fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, 20d. INJURY OCCURRED 20f. (City or tawn) (County) (Stole) factory, street, affice bldg., etc.) Haur a.m. Not while of work 🔲 of work p. m. 19.58. that I last saw the deceased 21. I certify that I attended the deceased from 7A.M. fram the causes and an the date stated above. and that death accurred at alive an_ ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S Gordon M. Smith NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Monocacy

ADDRESS

il director, filed with uneral þ .5 completely popers. ofter depth and carban physician haurs has been signed prior FUNERAL DIR 3 should the registrar 0

death

death certificate

VS A15 (4) 15M 9/55

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17 may be retained the haspital or attending physician. TO FUNERAL DISC. After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and within 72 hours ofter death. r death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate bill executell within 24 haurs of TO HOSPITAL OR

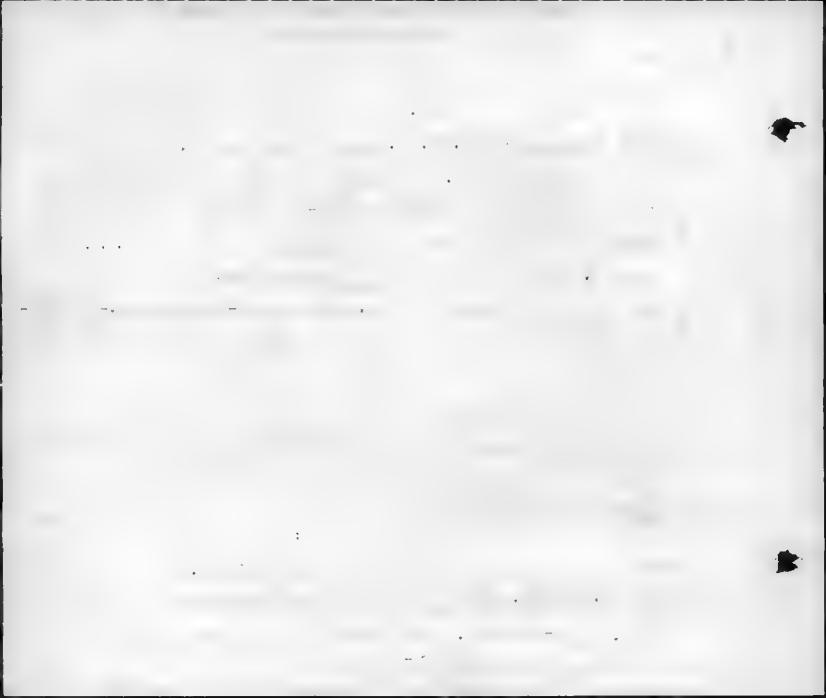
VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4596

CERTIFICATE OF DEATH

Reg. Dist. No. ()4602

1	1. PLACE OF DEATH 6 COUNTY	Frederick		MARYL	AND	2 USUAL RE o. STATE	Maryla		lived. If inst b. COU			deri		on}
t		outside corporate limi	ts, write	c. LENGTH OF STAY II	N 15	c. CITY O			rote limits, wri	te RUR)
1		Frederick		70 yrs.		11	Freder	ick						
ľ	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street (address)		d. STREET	ADDRESS					ė.	IS RESI	DENCE FARM?
ļ	Crutchley	Nursing Ho	ne -7	08 N.Mkt. S	t.	1	125 We	st Th	ird St.					NO 🗶
I	3. NAME OF DECEASED	Fir		Middle		L	017	4. DATE OF		Month		Day	١	eor
	(Type or print)	Marth	2	C.	(Quinn		DEATH		pri		28		9 58
1	5. SEX	6. COLOR OR RACE	7. 36840	被导送光色水色水色的	母	3. DATE OF BII	RTH	-	9. AGE (In yellost birthdo				UNDE	R 24 HRS Min.
	Female	White	WIDOWE	196.7	HEH	July 3			86	yrs,	Contras	Days	nours	min.
-	10a USUAL OCCUPATIO during most of work	N (Give kind of work of ing life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTH	PLACE (Slote o	or foreign co	puntry)		12. CITI	ZEN OF	WHAT	COUNTRY?
	Housewi			Own Home			arylan				U	S.A	A	
-1	13. FATHER'S NAME					14. MOTHER	'S MAIDEN N	AME						
	George	e H. Dutro	W			M	argare	t Harr	per					
Γ	15. WAS DECEASED EVER	R IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	IFORMANT				Address		М	[עיופ	and
	No			None	Mo	rs. Tho	mas Jac	ckson-	-811 Mo	tte	r Av			rick-
ľ	18. CAUSE OF DEA	TH [Enter only one co	use per lin	e for (o), (b), and (c).]									VAL BE	
1	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	Gateri	0	les. to	in H	ent	Dise	- Stra		ONSE	AND	Celo
1	4	DUE TO												
	Canditions, if or	y, which) (b	,											
	gove rise to in	nmediole (
4	lying couse lost.	lue anon:)						_					
	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT I	NOT RELATED	O THE TERMIN	NAL DISEASI	E CONDITION	GIVEN	IN PART	1(a) 19.	WAS A	UTOPSY
	3			acrite		Chr	len	stit	2			١	PERFOI	NO Z
	THE EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED	. (Enter nature	of injury in P	ort I or Port	II of item 18.)				
П	20c. TIME OF INJURY	Y Month, Day, Ye	ar 20d. IN	JURY OCCURRED	20e. PLA	CE OF INJURY	(Hame, farm,	20f. (City	or town)		(C	ounty)		(Stote)
-1	Hour o.m.	19	While of work	Nat while	faci	tory, street, off	ice bldg., etc.)				·	•		
1		at I attended the			/	. 19.5	V = /	11 2	V 10	(J)				
-	alive an 4	ui i dilended ine	deceds	sa fram.			. To • / o 1	D., .	19_	ابدلتك	narii	ast saw	r the	deceased
1	dive ou		17	and that i	aearn	accurrea c			n the cause reel, city or to			e date		d abave. TE SIGNED
1	ACTUAL	1/2	<	1 /						WH, 210	rej	4	- 2	A . CO
1	SIGNATURE	-vara		sine	^	A.D	J. West	E TOIL	CL St.				٧٠,	-0 0
4	PHYSICIAN'S NAME (Type)	dr. Thomas		tone		1848270	Frede	rick-	Maryla	nd				
	220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCAT	ION (City, tov	VR, OF C	ounty)		(Stote)
	BULLA!	May 1-19		Mt. Olive	+ C	emeters	-	Fre	derick					
	23. FUNERAL DIRECTOR	, 0	NI	ADDRESS	Man	and and	24a. REC'D	BY REGIST			AR'S SIG			
	C, C, Cler	re & son	V	Frederick-	-Kar	ATSU	DATEVAY	_ 1 30		11-		274		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) .. COUNTY Frederick b. COUNTY MARYLAND Marvland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest fown) Rural Middletown Middletown life d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e, IS RESIDENCE ON A FARM? YES 🔲 NO 🗀 NAME OF First Middle tast 4. DATE Month Doy Year DECEASED OF DEATH 1958 (Type or print) Fannie Ray IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF SIRTH 9. AGE (In years last birthday) Doys Hours DIVORCED [7] WIDOWED R O7 yrs female 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NOUSEWIFE

OWN home

Maryland 12. CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14, MOTHER'S MAIDEN NAME Joshua Norris Catherine McBride 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Weldon Ray, Middletown, Md. none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) LIZU.U DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160: 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Stote) (County) factory, street, affice bldg , etc] Hour a.m. Not while at work of work 1953 to Bor 14 1958 that I last saw the deceased 21. I certify that I attended the deceased from. and that death occurred at 12,30 A.M. from the causes and an the date stated above. ADDRESS (Street, DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Elmer Middletown 220 BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawe, or county) (State) REMOVAL (Specify) Lutheran Cemeterv 23 FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

Co., Middletown, Nd.

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FOR STATE MARTH DEPT.

cory, please for. Page our files. of Health,

TO DEPUTY MEDITAL EXAMINER: This certificate should be exactified within 24 hours after death. If any delay is mean execute the certificate withing the word "pending" in pendi is them. 18. Give Pages 1, 2, and 3 to the functal A should be farkanded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burind-transit permit. File pages 1 and 2 with the Store Board or its designated agent, prior to be brief, cremation, or remand, and in any event within 72 hours after death.

VS A15ME 5M 2757

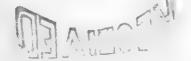
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()	4	6	()	4

					. Dist. No.
PLACE OF DEATH		2. USUAL RESIDENCE (Vhere deceased lived	. If institution Re	sidence before admission)
Frederick	MARYLAND	a. STATE	rvland	COUNTY IT.	rederi d k
D. CITT UK TOYYN (If suitide corporale finite, write EURAL	c. LENGTH OF STAY IN 16		-		and give nearest town)
Rural Middletown	30 years	(Rurol	Middleto	27.722	
d. NAME OF HOSPITAL OR INSTITUTION (IF not in		d STREET ADDRESS	TILOUTE OF	/ WII	IS RESIDENCE
Management & Control of the Control		/		-	YES NO
NAME OF DECEASED (Type or print) Jacob	Howard Schr	oyer	4. DATE OF DEATH	Month 1:	Doy Year
oacob 1	ARRIED A NEVER WARRIED B				DER TYEAR OF UNDER 24 HI
	OWED DIVORCED	4/1/1895	loss by	rindov) 14 st	
o. USUAL OCCUPATION (Give kind of work done 10	Ob. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole	or fareign country)	12.	CITIZEN OF WHAT COUNT
during most of working life, even if refired) farn owner	farm	Marylar	nd		U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN			
John F. Schroyer		Ella Dusi	ng		
5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	IFORMANT		Address	
(es, no, or unknown) 1 (if yes, give war or dotes al service)	219-36-4347	rs. Lary S	Chroyer.	liiddl	otorm 1/d
18. CAUSE OF DEATH Enter only one cause per			Will O'A GT		INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	Para	analus -			ONSET AND DEATE
IMMEDIATE CAUSE (e)	Cononary (SOUND CONTRACT	W		minude
DUE TO	()				
Conditions, if any, which	V				
(a), stating the underlying DUE TO					
PART II. OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT N	OT BELATED TO THE TERM	INIA DISEASE CONO	TYON CUTNING	LART II NAME AND
PART IL OTRER SIGNIFICANT CONDITION	3 CONTRIBUTING TO BEX IT BUT IN	OF RELATED TO THE REAM	INAL DISEASE COND	HION GIVEN IN I	PERFORMED?
					163 [] 140 [
200. EXTERNAL CAUSE WAS 205 DESC	CRIBE HOW INJURY OCCURRED (E)	nfer nature of injury in Par	I for Part II of Hem	18.)	III NO E
	00d INJURY OCCURRED 20e FLAC While Not white focto	nter nature of injury in Por CE OF INJURY (Home, formy, street, office bldg, etc.	1, 120f, (City or town		County) (Stole
CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2 Hour a.m. p. m. 19	Od INJURY OCCURRED 20e FLAC While Nat while factor work at work	CE OF INJURY (Home, formary, street, office bldg, etc.	20f. (City or town) (County) (State
	Od INJURY OCCURRED 20e FLAC While Not while focto It work of work of work	CE OF INJURY (Home, form gry, street, office bldg, etc ve, held an Autaps	y , Inspect) (County) (State
20c. TIME OF INJURY Month, Day, Year 2 North Page 19 North	Od INJURY OCCURRED 20e FLAC While Not while focto st work of work of work al causes Accident	CE OF INJURY (Home, formary, street, office bldg, etc. ve, held an Autaps J. Suicide J.,	y , Inspect	an [] Inq	County) (State
20c. TIME OF INJURY Month, Day, Year 2 Hour a.m. p.m. 19 at 21. I certify that I taak charge af the	Od INJURY OCCURRED 20e FLAC While Not while focto st work of work of work al causes Accident	ce OF INJURY (Home, formary, street, office bldg, etc. ve, held an Autaps J. Suicide J., M.D. CHIEF MEDICAL E.	y , Inspect Hamicide ,	an [] Inq	County) (State uiry 2), and in n d manner
20c. TIME OF INJURY Month, Day, Year Phour a.m. p.m. 19 2 21. I certify that I taak charge af the opinion death resulted fram: Natural ACTUAL SIGNATURE AMPLIES.	Mhile Not while foctors work at work Accident	ce OF INJURY (Home, formary, street, office bldg, etc. ve, held an Autaps Suicide ,	y , Inspect Hamicide ,	an [] Inq	County) (Stole
20c. TIME OF INJURY Month, Day, Year 2 Hour a.m. p.m. 19 2 21. I certify that I taak charge of the opinion death resulted fram: Natural SIGNATURE ACTUAL SIGNATURE Dr. James B. EXAMINER'S NAME (Type) Dr. James B. 20. BURIAL CREMATION, 122b. DATE THEREOF	Od INJURY OCCURRED 20e FLAC While Not while focto st work of work of work al causes Accident	ve, held an Autaps Ve, held an Autaps CHIEF MEDICAL E. ASSISTANT MEDICAL DEPUTY MEDICAL	y , Inspect Hamicide ,	on H. Inq Undetermine	County) (Stole uiry 2), and in n d manner DATE SIGNED 4/4/58
20c. TIME OF INJURY Month, Day, Year Phour a.m. p.m. 19 and a charge of the opinion death resulted fram: Natural SIGNATURE ACTUAL SIGNATURE AC	Not INJURY OCCURRED 200 FLAC While Not while of work of twork of center and causes Accident [ve, held an Autaps , Suicide , , ASSISTANT MEDICAL EL CREMATORY	y , Inspect Hamicide , (AMINER D EXAMINER D 22d LOCATION (C	Undetermine	County) (Stole uiry [2], and in n d manner [2] DATE SIGNED 4/4/58
20c. TIME OF INJURY Month, Day, Year Phour a.m. p.m. 19 and a charge of the opinion death resulted fram: Natural ACTUAL SIGNATURE AMPLIES B. 20. BURIAL CREMATION, 128b. DATE THEREOF REMOVAL (Specify)	Old INJURY OCCURRED 20e FLAC While Not while forte It work at work at work The remains described above at causes Accident	ve, held an Autaps J. Suicide J., M.D. CHIEF MEDICAL E. ASSISTANT MEDICAL CREMATORY MEDICAL CREMATORY	y , Inspect Hamicide , (AMINER AL EXAMINER 22d LOCATION (C] iddle D BY REGISTRAR	on H. Inq Undetermine	County) (Stole Uiry], and in n d manner DATE SIGNED 4/4/58 y) (Stole)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4619 **CERTIFICATE OF DEATH** director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY filed 44 b. COUNTY Frederick MARYLAND Maryland erol b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 67 Years Tiamsville Ijamsville d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS and .5 NAME OF First Middle 4. DATE Lost Month DECEASED OF DEATH (Type or print) JOHN WILLIAM SMITH 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HPS 7. MARRIED TO NEVER MARRIED campletely last birthdoy) 6 May 1884 Male White DIVORCED | WIDOWED | 100 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Retired-Bus Driver School Bus Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME g physicion remove corl John F. Smith Clara Jane Dertzbaugh 15. WAS DECEASEDEVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address 220-16-0699 Mrs. Mary E. Smith No (Same As Item #1) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) Cerebro Vascular Throm Dosis DUE TO ģ Arterio sclerosis Canditions, if any, which signed gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY due to wrethral hronic ryo nephrosis 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) ő 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED foctory, street, office bldg, etc.) Hour o.m Not while of work of work April 27, 19 38, that I last saw the deceased, 1956, ta_ 1958, and that death accurred at 12:15PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) det ACTUAL SIGNATURE un Shopping Center FUNERAL DIS page 3 shauld b Frederick, Md. Ralph L. Michels. M. D. 220 BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) BIREMPYAL (Specify) Mount Olivet Cemetery Frederick, Maryland

ADDRESS

M. R. Etchison & Son, Frederick, Maryland

Reg. Dist. No.

Frederick

Months

Day

Days

USA

(County)

24b, REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

. IS RESIDENCE ON A FARM? YES NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

Mil

PERFORMED 2

YES NO A

(Slote)

DATE SIGNED

h=30=58

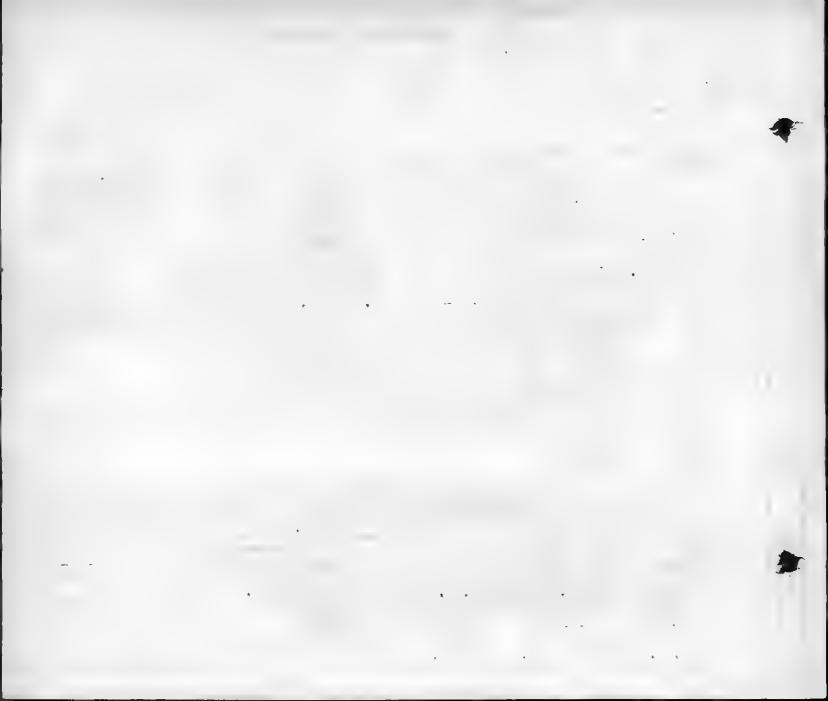
(State)

12. CITIZEN OF WHAT COUNTRY?

-58

10 VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE



Reg. Dist. No.

			H-1									
į	1. PLACE OF DEATH a. COUNTY	derick	4	MARYL	GMA	2. USUAL RESID	,	ere decessed	lived. If institut			fmission)
	b. CITY OR TOWN (II	outside corporate limi	Is, write	c. LENGTH OF STAY IN	V 16	c. CITY OR 1		/	ote limits, write I			town)
	RURAL ond give no Frederic	_		Hours). 			k-Rural-			
		AL (If not in hospital, g	ive street			d. STREET A	d. STREET ADDRESS					
		Memorial H	lospi	tal		1	Barto		ON A FARM? YES NO D			
	3. NAME OF DECEASED	Fir		Middle		los		4. DATE OF	Мо		Day	Year
	(Type or print)	ARTF		JACOB		STAU		OF DEATH	Apri		12,	1958
	5. SEX		1	HED WEVER MARRIED		B. DATE OF BIRTH			9. AGE (In years lost birthdoy)			INDER 24 HRS.
	Male 10a. USUAL OCCUPATIO	White	WIDOW			March 4	7		DT Aug	112 CITI	TENL OF 1W	HAT COUNTRY/
	during most of work	ing life, even if retired)	_	INDUS		O.	or toreign co	onity)	12 6111	USA	HAI GOUNIET
	h'armer 13. Father's Name			Farm		14. MOTHER'S		AME			UDA	
		Staub				, , , , , , , , , , , , , , , , , , , ,			Eiswalt			
	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. II	NFORMANT	351	00020		Iress		
	No No	If yes, give war or dates of a	ervice) 2	20-09-7504	M:	rs/ Edit	h V. S	Staub,	Same as	Item	#2	
	18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (o), (b), and (c).)							INTERVA	L BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, [ung at) S C	1855					ONSEL	SEC C
,	4	DUE TO)							1	
	Conditions, if ar		<u> </u>	neu mon	5						2 4	seeks
	gave rise to in cause (o), stating (
	lying couse lost.) (c	714	ONTRIBUTING TO DEAT	LI BUT	NOT BELLTED TO		VAL DIEFAFF	CONDITION OF	den a de la Dane	1/-1/20 14	AC ALIZABEV
	PU	lucuary	_	hysema	<u></u> BUI	NOI KELAIED IO	INE LEKWII	NAL DISEASE	CONDITION GI	AEN IN LAKI	PE	RFORMED?
1	200. ACCIDENT WA	S UNDERLYING (T		CRIBE HOW INJURY OC	CURRE). (Enter noture o	f injury in P	art I or Port	II of item 18.)		16:	MX NO 🔲
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)							·			
	20c. TIME OF INJURY	f Month, Day, Ye				CE OF INJURY (I			or town)	(C	ounty)	(Stole)
	Hour a. fr.	19	While of wor	k ot while	TOIC	iory, sireer, orrice	blog., etc.;	Ί				
	21. I certify th	at I attended the	deceas	ed from	مسر	444, 1958	, to	April	12 1958	that I le	ast saw 1	the deceased
	alive onA	pril 12	125	8 , and that o	ieath	occurred at	12:00	AM, from	the causes	and on th	e date s	tated above.
	0	00 1 /	. 0	a 1 x				ADDRESS (St	reet, city or lown,	stote)	,	DATE SIGNED
	SIGNATURE KA	12x 9. C	لازن	LS H.D.		M.D. Frede	rick,	Maryl	and		4,	/14/58
1	PHYSICIAN'S 1 NAME (Type)	Dr. R. L. M	liche	ls						*		
	220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	Apr. 16.1		Mount Oli			v		on (City, town,	or county)		(Stote) ryland
	23. FUNERAL DIRECTOR		-//-	ADDRESS				BY REGISTI		STRAR'S SIG		7
	M. R. Etc	hison & Son	n, Fr	ederick, Ma	ryl	and	DATE		0	1	1	
							489		7 7 1 1	المرابع والمرابع	73	

may be retained the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs affer death. Page 4 VS A15 (4) 15M 9/55



Rea, Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#6 . IS RESIDENCE ON A FARM? YES TO NO TO Month Year 58 April 19 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? IISA Address (Same as item #2) INTERVAL BETWEEN ONSET AND DEATH IWEEK PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES I NO A {County} (State) and that death occurred at 6:20A M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, lown, or county) (Stote) Walkersville, Maryland 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Manna!

FOR STATE				STATE DEPARTME		H-BALTIMORE, 18
HEALTH DEPT.	1.	COUNTY FT	ederick	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institutions yland b COUNTY]
of Hea	t	CITY OR TOWN (II outs de and give request town)	corporate imits, write PdFAL	c LENGTH OF STAY IN 16	Dicker	autide corporate limits, write RUR
ed ::		Frederick		hospitol, give street address) Hospital	d. STREET ADDRESS	
y de oy he func e retoin he Stat er death		Type or print)	larence	Fogleman	Steele	4. DATE OF April Month
ours off	5. 5		MUITE MIDON	RRIED NEVER MARRIED B	October 14	7. AGE (In years last b ribday) 1896 6I yrs
Page 5	100	usual occupation ignoring most of working life, Retired fa	ve kind of work done 10k even if retired) PMCP	KIND OF BUSINESS OR INDUST	Virgini	or foreign country)
Poges Poges PM3.	13.	Frank St	eele		Genevie	Crabtree
in 24 h Give iith Ford ii. File any ev		Yes I Wo	give was or dates of service)		FORMANT 111am Hilt	on, Barnsville
hould be executed with in pencil in them 18 interests Office along under businessity permits or removal, and in		18. CAUSE OF DEATH (E. PART I. DEATH WA IMME! Conditions, if any, w gave rise to immediate c (a), stefing the under couse last.	S CAUSED BY- DIATE CAUSE (a) DUE TO hich (b)	Hemorrhage inflicted wi	Bundx gun s	ae to self shot wound
is certificate sh word "pending" Medical Examinated as wild be used as uriol, cremation	CERTIFICATION	PART II, OTHER SIG 20g. EXTERNAL CAUSE W PRIMAR NEW OF CONTRIBL CAUSE OF DEATH.	AS 206 DESCRIPTIONS	CONTRIBUTING TO DEATH BUT N RIBE HOW INJURY OCCURRED (E	nter nature of injury in Part	1 or Port (I of Item 18.)

at work at work

ADDRESS

Route 107

CHIEF MEDICAL EXAMINER

Month, Doy, Year

ACTUAL SIGNATURE

NAME (Type)

opinion death resulted from: Natural causes , Accident ,

220 BURIAL CREMATION 225. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY

tion: Residence before admission) dintogomery RURAL and give nearest town) S RESIDEN TE YES TO NO Z I8 10 58 FUNDER TYPAR IF UNDER 24 HRS Months Days Hours Min. 12 CITIZEN OF WHAT COUNTRY? U.S.A. le Md. INTERVAL BETWEEN ONSET AND DEATH EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Md. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) Nr Dickerson Montogmery 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my Suicide ... Homicide ... Undetermined monner DATE OF OWNER ASSISTANT MEDICAL EXAMINER April 19, 1958 DEPUTY MEDICAL EXAMINERIX 22d LOCATION (City, town, or county) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Reg. Dist. No.

VS. A15ME

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04600 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY files. Health, 6. COUNTY MARYLAND b. CITY OR TOWN I * outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest fown) d NAME OF HOSPITAL OR INSTITUTION III not in hospital, give street address) . IS RESIDENCE STREET ADDRESS ON A FARM? R.D.# YES NO NO 3. NAME OF DATE Month Dov Year DECEASED (Type or print) DEATH 5. SEX IF UNDER TYEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9 AGF (In years Months Hours WIDOWED [DIVORCED ! 100, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY CE (State or foreign courtry) 12 CITIZEN OF WHAT COUNTRY? during most of washing life, even if retired) Bookkeeper 13. FATHER S.NAME 14 MOTHER'S MAIDEN NAME 16. SOC AL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). MERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (e), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY PERFORMED? NO V 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, Month, Doy, Year 20f (City or lown) (County) (Stole) factory, street, office bldg., etc.) Hour o. m. White Not while ot work ot work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection St. Inquiry V. and in my apinian death resulted fram: Natural causes 🔀, Accident 🗍, Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22d LOCATION (City, town, or county) 220 BURIAL CREMATION, 226 DATE THEREOF (Stote) REMOVAL (Specify) Cemeter Baltimore Nationa vland 0 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATUR VS A15MII Emmitsburg, Md. DATE APR 2 5 5M 2/57 Allison



BUREALI N &

Mversville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page death. requires that the death certificate be

VS A1\$ (4) 1\$M 9/\$5

(State)

ATE OF DEATH			Reg. Dist. No	14610
2. USUAL RESIDENCE (Where STATE Maryland		ь, county F ^r re	derick	
Rural - Mye	`.		JRAL and give ne	arest town)
d. street address Route # 1				•. IS RESIDENCE ON A FARM? YES NO
SUMMERS.	4. DATE OF DEATH	Moni Apr		oy Year 19 58
8. DATE OF BIRTH AUgust 23.	1894	9. AGE (In years lost birthday)	Months Days	Hours Min.
OUSTRY 11. BIRTHPLACE (Stote of	foreign o	ountry)		OF WHAT COUNTRY?
M Myersvil	ME		Md	U.S.A.
Mary L.	Bran	denburg Addr	ess	· · · · · · · · · · · · · · · · · · ·
G.Albert Sum	L	, Myers		Ad Rt #1 ERVAL BETWEEN SET ANG CEATH
UT NOT RELATED TO THE TERMIN.	AL DISEAS	E CONDITION GIV	EN IN PART I(a)	19. WAS AUTOPSY
RED (Enter noture of injury in Pa	rt I or Por	t II of item 18)		PERFORMED? YES NO
PLACE OF INJURY IHome, form, factory, street, office bldg., etc.)	20f. (City	r or town)	(County)	(Stote)
th occurred at 9 A	M, fran		nd an the do	aw the deceased ate stated above. DATE SIGNED H/2/5

DATE

See of Aga

	. 4
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page II may be relative. The bassical or attending physician	O FUNERAL DIFFETOR: After this certificate has been signed by the attending physician and completely filled in by Tuneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any events ofter death.
sr death	funero
ours of	nd 2 sh
in 24 h	filled i
ted with	npletely sers. Po
e execu	and cor bon pay ar death
ficate b	nysician lave car ours aft
ath cert	nding place rem
the de	the atten Then ple
ires that	ermit.
aw requ	ronsit p I, and i
17 TENDING PHYSICIAN: The law req	te hos burial-t
rsician	certifica os the tian, ar
NG PHY	for this for use crema
TENDI	OR: Affectoched buriol
. O. 1	DI Presi
HOSPITAL OF	FUNERAL DIFFERME. After this certificate has been signed by the attending physician and comage 3 should be detached for use as the burial-transit permit. Then please remaye carbon pape in registrar prior to burial, cremation, at remayal, and in any eventables, 72 hours after death.
TO H	TO FU

VS A1S (4) 15M 9/5S

	<u>40</u>	(11)	CEIXIII			100-4 1	•		Reg. D	ist. No		-
1. PLACE OF DEATH o. COUNTY	rederick		MARYLA	- 1/		Mary)		d lived. If institut b. COUNTY	on: Reside	eric	re odmis k	sion)
b. CITY OR TOWN RURAL ond give Freder	l (If outside corporate limit: nearest town) 1 CK	, write	17 Years	Ъ			*	rote fimits, write Rural RD#3		give ned	arest low	n)
or institution	erral (If not in hospitol, gi st Fifth Str	eet	oddress)		d. STREET A						ON /	SIDENCE A FARM? NO
3 NAME OF DECEASED (Type or print)	fin AMA	NDA	Middle Lost 4. DATE REBECCA WACHTER OF DEATH				Month April			y	Year 19 58	
s. sex Female	9877 . 2	7. MARR WIDOWE	IED NEVER MARRIED) DIVORCED		DATE OF BIRTH L5 Apri		57	9. AGE (In years last birthday)	Months	R 1 YEAR Days	IF UND Hours	ER 24 HRS Min.
during most of w	NON (Give kind of work dorking life, even if retired) -WOI'K	one 10b.	KIND OF BUSINESS OR I	NDUSTR		yland	_	ountry)		USA	F WHAT	COUNT
13. FATHER'S NAME Andre	w J. Wachter				14. MOTHER'S Cor		Cobl	entz				
15. WAS DECEASED E (Yes, no or untrown) NO	VER IN U. S. ARMED FORC	lance)	social security no.		• Blanc	he R	Klin	Add e (Same		tem	#1)	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART f. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), sloting the under: [b] OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO												
20a. ACCIDENT V	IG CAUSE OF DEATH		CRIBE HOW INJURY OCC						EN IN PA	RT 1(0) 1	PERFC	AUTOPSY DRMED?
20c. TIME OF INJ	10	20d IN While of work	Not while	e. PLACI foctor	OF INJURY (I y, street, office	lome, form bldg., etc) 20f. (City	or town)		(County)		(State
alive on	that I attended the	., 12.5 The	one that de		228 N	. Maj	ADDRESS (Sicket S	AS , 19.52 in the causes of treet, city or town, t.e.	ond on		te stot	ed aba
NAME (Typh)	James B. Tho ion, 26. Date Thereof by L-28-58		M. D. 22c. NAME OF CEMETE Utica Ceme			rick,	22d LOCAT	MON (City, town, erick Cov	or county)	Mary	land	(e) X
23. FUNERAL DIRECTO		, Fr	ADDRESS		*		D BY REGIST	RAR 24b REGI		GNĀTU	ŘΕ.	

DECENALLY.

BUREAU V. S.

BUREAU V. S.

PERINCE SON

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4622 CERTIFICATE OF DEATH

04613

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Frederick MARYLA					AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE Maryland b. COUNTY Frederick							ion)
				since 4/3/	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick								
d. NAME OF HOSPITAL (If not in hospital, give street Vindobona Convalescent &			Rest Home	d. STREET ADDRESS 25 East Church Street					e. IS RESIDENCE ON A FARM? YES NO A				
3. NAME OF DECEASED (Type or print)		ADDIE		Middle C •		WEAVE		4. DATE OF DEATH		Month April		Doy Yes	
F	sex emale	White	WIDOWE			B DATE OF BIRTI	L882		9. AGE (in years lost bythday) (O yrs	Months		Hours	R 24 HRS Min.
10	during most of work	N (Give kind of working life, even if retired	done 10b.	kind of Business or Own Home	INDUS	Virg	ACE (Stote ginia	or foreign co	ountry}	12. CIT		WHAT	COUNTRY
13.	FATHER'S NAME L. V.	Stephens				14 MOTHER'S		MAME Durret	te				
15. (Y	WAS DECEASED EVER	**	CES? 16.	SOCIAL SECURITY NO None		s. Mary	W. Yo		L12 E. AG Frederic		-		
		H WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO)	e for (o). (b). and (c).] Gent and Cenchi or					L 5-4		INTER	VAL BET	TWEEN DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? PERFORMED? YES NO (A) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
MEDICAL CE		MEDICAL EXAMINER) Month, Day, Yes	While	UURY OCCURRED 2 Not while of work	l0e. PL/ foc	ACE OF INJURY (I	Home, farm bldg., etc.	, 20f. (City	or town)	(C	ounly]		(State)
	ACTUAL SIGNATURE	of I attended the	- 125	ed fram Aug.	death	occurred at	12:30 Seco	ADDRESS (SI and St	n the causes treet, city or town	and an th	ast sav	state	d above
22 C	NAME (Type) - BURIAL, CREMATION REMOVAL (Specify) 1 CMACTON			2c. NAME OF CEMEN				22d. LOCA1	rion (city, town, ington,	or county)		(State)
23.	FUNERAL DIRECTOR'S M. R. Etc.	SIGNATURE	a, Fr	ADDRESS ederick, Ma			-		RAR 24b. REG		NATURE		

S.V Canadailli

W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 4623

04614 Reg. Dist. No

)	1. PLACE OF DEATH o. COUNTY	2.	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE Connecticut b. COUNTY Tolland												
	b. CITY OR TOWN (IF	b. CITY OR TOWN (If outside corporate limits, write c. 1ENGTH OF STAY IN 1b						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)							
	RURAL and give negrest town). Rural Middletown 2 days					Stafford 115x-3									
	d. NAME OF HOSPITA	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION								-	IS RESIDENCE				
}	Valley Vi	ew Nursin	ng F	Home							YES NO				
	3. NAME OF DECEASED	First		Middle		lost	4. DATE	Mont	h	Day	Year				
	(Type or print)	ELEANOR		ALBRIGHT WI		LSON DEAT		Apri	LI	6	1958				
	5. SEX	6. COLOR OR RACE	MARR	IED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years last birthday)	Months		UNDER 24 HRS.				
	female		VIDOWE	CD-		me 8, 188		71 yrs.	MONING	Days	Hours Min.				
1	during most of working	g life, even if retired)		KIND OF BUSINESS OR INC				ITIZEN OF WHAT COUNTRY							
1	Ret. School	lteacher	Pu	Public School			lass.		U	S.A.					
1	13. FATHER'S NAME					4. MOTHER'S MAIDEN I									
		dward All	-			Elner C	. Hur								
	15. WAS DECEASED EVER	IN U. S. ARMED FORCE yes, give wor or dofes of seri	16.	SOCIAL SECURITY NO. 17				Addre			15				
	no			6M	rs.	Elliott H	iaines	, Myers	IVILI	Le,	Md.Rt.#				
			e per lin	ne for (a), (b), and (c).	**	0	,				AND DEATH				
	I FOR I	PART I. DEATH WAS CAUSE BY: ON CLICOTIAN OF LIVER!													
	156.1	DUE TO				a				-					
		Conditions, if ony, which (b)													
	cause (a), stating th	cause (a), stating the <u>under-</u>													
	Z Part II OTHE	P SIGNIFICANT COND	TIONS C	ONTRIBUTING TO DEATH B	LIT NO	T DELATED TO THE TERM	INIAI DISEASE	CONDITION CIVI	ENLINI DAD	7 1/-1 10	WAS ALITORSY				
J	ICATIC		TION3	CONTRIBUTING TO DEATH 6		REDATED TO THE TERM	IIIAL DISEASE		IN IN FAR		PERFORMED?				
	OR CONTRIBUTING [UNDERLYING 2 CAUSE OF DEATH EDICAL EXAMINER)	Ob. DESC	TRIBE HOW INJURY OCCUR	RED. (I	inter nature of injury in	Part I or Part	II of item 18.]							
	20c. TIME OF INJURY Hour a.m.	Month, Day, Year			PLACE	OF INJURY (Home, farm	n, 20f. (City	or town)	(<	County)	(State)				
	Hour a.m.	19	While at worl	Not while at work	roctory	, street, office bldg., etc									
	21. I certify the	t is attended the a	decease	ed from OCY		1957. ia. G	1 kg	6 195X	that L	last saw	the deceased				
	glive on Co	m 4	. 12 =	and that dea	th oc	curred at 535	M. fram	the causes a							
		(150		11 1				reet, city or town,			DATE SIGNED				
	ACTUAL SIGNATURE	V con	res	Harb	M.D		Inc	8 88	010	460	32				
1	PHYSICIAN'S			/											
	NAME (Type)	Dr. J. E.	Lmei	r Harp		Middlet	own,	Md.							
	220. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREOF		22c. NAME OF CEMETERY	OR CI	REMATORY	22d. LOCAT	ION (City, town, a	r county)		(State)				
	removal		958	Stafford	S					1 -1					
	23. FUNERAL DIRECTOR'S	Cot Du	24	ADDRESS			D WARRERI	RARIS 3246. RIGIS	TRAR'S SIG	SNATURE	h				
	Danil	D3++7.	M	Mirro marri 770	7	TA DATE									

VS A15 (4) 15M 9/55

CENTRICATE OF DEATH



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DECENTED

TO HOSPITAL OR

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4602 CERTIFICATE OF DEATH

Reg. Dist. No. ()4615

1. [PLACE OF DEATH				- 11	2. USUAL RESIDENCE (W	/here deceased			e before	admiss	ian)		
1_	Frederick MARYLAND					Maryland b. COUNTY Frederick								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)								
	Frederick			Days		// Frederick								
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION					d. STREET ADDRESS						e. IS RESIDENCE ON A FARM?		
	Frederick	1.011	treet	YES NO N										
3. NAME OF DECEASED (Type or print)		Fir		Middle		Last	4. DATE	Mon	ith	Doy		Yeor		
		HATTIE				YOUNG	DEATH	April		1.3,		1958		
5. \$	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	ED 🔲 8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER					
F	emale	White	WIDOW	ED DIVORCE	O I	lay 4, 1867		90 yrs.	Months	Days I	Hours	Min.		
10a	USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS O			e ar foreign co	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY		
	Domestic	ting lire, even it retired	,	At Home	3	TRY 11. BIRTHPLACE (State or foreign country) Maryland			USA					
13.	FATHER'S NAME					14. MOTHER'S MAIDEN				V 15/15				
	Tasachar	Himbury					Mary A	. Hooper						
15.	WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO	17. INF	DRMANT	arca J II	Add	ress					
(Yes	NO unknown)	(If yes, give wor or dates of a	ervice)	None		Ar. Alton Y. Bennett, Same as Item #2								
Z	Conditions, if a gove rise to it couse (a), stoting lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mmediate the under: (c)		euclity	my	DO CALDETE				ONSET 2	AND Y	TWEEN DEATH		
CATIO	PART II. OTF	ick significant con	DITIONS	LONIKIBUTING TO DE	ALII BOT N	OI KELATED TO THE TERM	VINAL DISEASE	: CONDITION GIV	EN IN PART		PERFO	RMED?		
CERTIFICATION														
MEDICAL	20c. TIME OF INJUR Hour o. gr. p. m.	Y Month, Day, Yes	ar 20d. I White at wor	NJURY OCCURRED Not white	20e. PLAC foctor	E OF INJURY (Home, far ry, street, office bldg., et	m, 20f. (City ic.)	or town}	(C	ounty)		(State)		
	21. I certify that I attended the deceased from													
220	BURIAL CREMATIO	Apr. 16,		Mount Ol		REMATORY Cemetery		ion (City, town, cederick,		ryla	(Slote	e)		
	funeral director M. R. Etch		, Fr	ADDRESS ederick, Ma	rylan		R 1 6 '5		STRAR'S SIG	NATURE				



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